

VISION CARE SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK REIMBURSEMENT
<b>Vision Examination</b> (includes Refraction)	Covered in full after \$10 copay	Up to \$40
<b>Contact Lens Fit and Follow-up</b> Standard Contact Lens Fitting Custom Contact Lens Fitting	Covered in full Up to \$50 allowance	N/A N/A
<b>MATERIALS*</b>	\$20 copay (Materials copay applies to frame or spectacle lenses, if applicable.)	
<b>Frame Allowance †</b> (Up to 20% discount above frame allowance.)	Members receive a \$50 wholesale allowance Up to \$150 retail value	Up to \$45
<b>Standard Spectacle Lenses</b> Single Vision Bifocal Trifocal Lenticular	Covered in full after \$20 copay Covered in full after \$20 copay Covered in full after \$20 copay Covered in full after \$20 copay	Up to \$40 Up to \$60 Up to \$80 Up to \$80
<b>Preferred Pricing Options</b>		
<b>Level 4 Option Package</b>		
Polycarbonate (Single Vision/Multi-Focal)	\$40/\$44 (Covered in full up to age 19)	N/A (Up to \$10 for ages up to 19)
Standard Scratch-Resistant Coating	\$17	N/A
Ultra-Violet Screening	\$15	N/A
Solid or Gradient Tint	\$17	N/A
Standard Anti-Reflective Coating	\$45	N/A
Level 1 Progressives	Covered in Full	Up to \$60
Level 2 Progressives	\$110	Up to \$60
All Other Progressives	\$120 allowance + 20% discount	Up to \$60
Transitions® (Single Vision/Multi-Focal)	\$70/\$80	N/A
Polarized	\$75	N/A
PGX/PBX	\$40	N/A
Other Lens Options	Up to 20% Discount	N/A
<b>Contact Lenses †</b> (in lieu of frame and spectacle lenses)		
Elective (10% discount on amount exceeding allowance)	\$130 allowance	Up to \$130
Medically Necessary	Covered in full	Up to \$250
<b>Retinal Imaging</b>	Up to \$45 copay	N/A
<b>Refractive Laser Surgery</b>	Onetime/lifetime \$150 allowance Provider discount up to 25%	Onetime/lifetime \$150 allowance
<b>Diabetic Rider</b> Eye Exam (Up to two additional exams per year) Gonioscopy, Extended Ophthalmoscopy, Fundus Photography	\$20 copay Covered in full	N/A N/A
<b>PLAN DETAILS</b>		
<b>Contribution</b>	Voluntary	
<b>Frequency</b>		<b>Rates</b>
Eye Exam	Once every 12 months	Employee Only: \$5.98
Lenses and Contact Lenses	Once every 12 months	Employee + Spouse: \$10.60
Frame	Once every 12 months	Employee + Child(ren): \$12.58 Employee + Family: \$15.64

## RELIABLE & DEPENDABLE

Avēsis is a national leader in providing exceptional vision care benefits for millions of commercial members throughout the country.

The Avēsis vision care products give our members an easy-to-use wellness benefit that provides excellent value and protection.

## How can we help you?

**Avēsis Website:**  
www.avesis.com

**Customer Service:**  
800-828-9341

7:00 a.m. to 8:00 p.m. EST

**LASIK Provider:**  
877-712-2010

Underwritten by: Avesis, Phoenix, AZ  
Policy #: AA-1 Form AA-1

Discounts are not insured benefits.

\*\*Provider wholesale frame pricing for your plan is \$50. Participating Walmart/Sam's locations, cover frames up to a \$68 retail value. At participating Costco locations, retail pricing is \$54.99.

†Value may be less depending on the provider's retail pricing

‡Prior Authorization is required for medically necessary contacts.



## USING OUT-OF-NETWORK PROVIDERS

Members who elect to use an out-of-network provider must pay the provider in full at the time of service and submit a claim to Avësis for reimbursement. Reimbursement levels are in accordance with the out-of-network reimbursement schedule previously listed. Out-of-network benefits are subject to the same eligibility, availability, frequency of benefits, and limitation and exclusion provisions of the plan, and are in lieu of services provided by a participating Avësis provider. Out-of-network claim forms can be obtained by contacting Avësis' Customer Service Center or your group administrator, or by visiting [www.avesis.com](http://www.avesis.com).

## LIMITATIONS AND EXCLUSIONS

Some provisions, benefits, exclusions, or limitations listed herein may vary depending on your state of residence.

### Limitations:

This plan is designed to cover eye examinations and corrective eyewear. It is also designed to cover visual needs rather than cosmetic options. Should the member select options that are not covered under the plan, as shown in the schedule of benefits, the member will pay a discounted fee to the participating Avësis provider. Benefits are payable only for services received while the group and individual member's coverage is in force.

### Exclusions:

There are no benefits under the plan for professional services or materials connected with and arising from:

- 1- Orthoptics or vision training;
- 2- Subnormal vision aids and any supplemental testing, aniseikonic lenses;
- 3- Plano (non-prescription) lenses, sunglasses;
- 4- Two pair of glasses in lieu of bifocal lenses;
- 5- Any medical or surgical treatment of eye or supporting structures;
- 6- Replacement of lost or broken lenses, contact lenses or frames, except when the member is normally eligible for services;
- 7- Any eye examination or corrective eyewear required by an employer as a condition of employment and safety eyewear;
- 8- Services or materials provided as a result of Workers' Compensation Law, or similar legislation, required by any governmental agency whether Federal, State or subdivision thereof;
- 9- Services or materials provided by any other group benefit plan providing vision care.

### Refractive Surgery Vision Benefit Exclusions:

Benefits are not payable for any of the following:

- 1- Routine vision examinations or corrective vision materials, including corrective eyeglasses, fittings, lenses, frames, or contact lenses; or
- 2- Medical or surgical procedures, services, or treatments: not specifically covered under this Rider;
  - a. provided free of charge in the absence of insurance
  - b. payable under any Workers' Compensation law or similar statutory authority
  - c. payable under governmental plan or program, whether Federal, state, or subdivisions thereof.

## TERMINATION PROVISIONS

Coverage will end on the earliest of: the date the policy ends, the date the employee's employment ends, or the date the employee is no longer eligible.

## NOTES AND DISCLAIMERS

The contact lens allowance may be used all at once or throughout the plan year as needed to buy lenses.

Refractive Laser Surgery is considered an elective procedure, and may involve potential risks to patients.

Avësis is not responsible for the outcome of any refractive surgery.

Discounts on materials are not available at Walmart, Sam's Club and Costco locations.

ID cards are not required for services.

Insured benefits are administered by Avësis Third Party Administrators, Inc., Phoenix, AZ

