



Vision Care Services	In-Network Benefits	Out-of-Network Reimbursement
Exam		
Vision Exam	Covered in full after \$10 copay	Up to \$42
Contact Lens Exam – Conventional/Standard	\$25 copay	N/A
Contact Lens Exam – Specialty	\$25 copay	N/A
Frame/Lenses (Up to 20% discount above frame allowance.)		
Allowance – Other Locations	\$125 allowance	Up to \$68
Allowance – Visionworks	\$175 allowance	N/A
UVP Online	\$200 retail	N/A
Standard Spectacle Lenses		
Single Vision	Covered in full after \$25 copay	Up to \$36
Bifocal	Covered in full after \$25 copay	Up to \$42
Trifocal	Covered in full after \$25 copay	Up to \$61
Lenticular	Covered in full after \$25 copay	Up to \$84
Contact Lenses[†]		
Elective (15% standard / 10% disposable discount after allowance)	\$120 allowance	Up to \$100
Medically Necessary [‡]	Covered in full	Up to \$210
Preferred Pricing Options		
Polycarbonate (Child/Adult)	\$0/\$30	Up to \$10/N/A
High Index 1.67	\$55	N/A
High Index 1.74	\$120	N/A
Polarized	\$75	N/A
Progressives (Standard/Premium/Ultra/Ultime)	\$50/\$90/\$140/\$175	N/A
AR Coating (Standard/Premium/Ultra/Ultime)	\$35/\$48/\$60/\$85	N/A
UV Coating	\$12	N/A
Tints – Plastic Lenses (Solid/Gradient)	\$0	Up to \$4
Plastic Photochromatic (Transitions Signature)	\$65	N/A
Plastic Photosensitive Lenses	\$65	N/A
Glass Photochromatic Lenses	\$20	N/A
Standard Scratch-Resistant Coating	\$0	Up to \$5
Premium Scratch-Resistant Coating	\$30	N/A
Scratch-Protection Plan (Single/Multifocal)	\$20/\$40	N/A
Digital Single Vision Lenses	\$30	N/A
Trivex Lenses	\$50	N/A
Blue Light Filtering	\$15	N/A
Intermediate-Vision Lenses	\$30	N/A
Blended-Segment Lenses	\$20	N/A
Other Lens Options	Provider discount up to 20%	N/A

Here's How It Works

1. Find a provider at www.avesis.com.
2. Make an appointment.
3. Visit the provider for service.
4. Pay any copays or additional expenses.

How can we help you?

Avēsis Website:
www.avesis.com

Customer Service:
866-563-3589

LASIK Provider:
877-712-2010

* Discounts are not insured benefits.

[†]In lieu of frame and spectacle lenses.

[‡]Prior authorization is required for medically necessary contacts.

Vision Care Services	In-Network Benefits	Out-of-Network Reimbursement
Additional Savings		
Retinal Imaging	\$39	N/A
Additional Pairs of Eyeglasses	30% off	N/A
Mail Order Contact Lenses	See website for details	N/A
Laser Vision Correction	25% discount + \$150 onetime allowance	Up to \$150

Member Copay		Frequency	
Vision Exam	\$10 copay	Vision Exam	Covered once every calendar year
Materials Applies to frame or spectacle lenses, if applicable.	\$25 copay	Frame	Covered once every calendar year
		Lenses	Covered once every calendar year
		Contact Lenses (in lieu of eyeglasses)	Covered once every calendar year

Underwritten by: Fidelity Security Life Insurance Company, Kansas City, MO
 Insured benefits are administered by Avēsis Third Party Administrators, Inc., Phoenix, AZ
 Policy #: VC-16, Form M-9059

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 Avēsis 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 Avēsis provider. Out-of-network claim forms can be obtained by contacting Avēsis' Customer Service Center or your group administrator, or by visiting www.avesis.com.

Notes and Disclaimers

The contact lens allowance may be used all at once or throughout the plan year as needed or may be applied toward contact lenses only. Refractive Laser Surgery is considered an elective procedure, and may involve potential risks to patients. Avēsis is not responsible for the outcome of any refractive surgery. Discounts on materials are not available at Walmart locations. Discounts on materials are not available at Costco locations. ID cards are not required for services.

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 Avēsis 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:
 - a. not specifically covered under this Rider;
 - b. provided free of charge in the absence of insurance
 - c. payable under any Workers' Compensation law or similar statutory authority
 - d. payable under governmental plan or program, whether Federal, state, or subdivisions thereof.