



Effective Date:

Group Number:

Plan Number:

Vision Care Services	In-Network Member Cost	Out-of-Network Reimbursement
Vision Examination (Includes Refraction)		Up to
Contact Lens Fit and Follow-up Standard Contact Lens Fitting Custom Contact Lens Fitting		
Materials* (Materials copay applies to frame or spectacle lenses, if applicable.)		
Frame Allowance (Up to 20% discount above frame allowance.)	allowance	Up to
Standard Spectacle Lenses Single Vision Bifocal Trifocal Lenticular		Up to Up to Up to Up to
Preferred Pricing Options		
Polycarbonate (Single Vision/Multi-Focal)		
Standard Scratch-Resistant Coating		
Ultra-Violet Screening		
Solid or Gradient Tint		
Standard Anti-Reflective Coating		
Level 1 Progressives		
Level 2 Progressives		
All Other Progressives		
Transitions® (Single Vision/Multi-Focal)		
Polarized		
PGX/PBX		
Other Lens Options	Up to 20% discount	N/A
Contact Lenses* (in lieu of frame and spectacle lenses)		
Elective (10% discount on amount exceeding allowance)		Up to
Medically Necessary	Covered in full	Up to
Refractive Laser Surgery	Provider discount up to 25%	
Frequency		
Eye Examination	Once every	
Lenses or contact lenses	Once every	
Frame	Once every	

Reliable & Dependable

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

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

How can we help you?

Avësis Website:
www.avesis.com

Customer Service:
800-828-9341
7 a.m. - 8 p.m. EST

LASIK Provider:
877-712-2010

Here's How It Works

When you need to see an eye care professional, simply visit www.avesis.com or contact Avësis' Customer Service Monday through Friday, 7 a.m. to 8 p.m. (EST) at 800-828-9341 to receive a listing of providers in your area.



*At participating Walmart/Sam's locations, retail pricing for your plan is . At participating Costco locations, retail pricing is .

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.

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.

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 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. Members may not use their contact lens allowance toward fitting fees at Walmart and are responsible for any out-of-pocket fees associated with fittings there. Discounts on materials are not available at Costco locations. ID cards are not required for services.

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