



## Scott County IA

**Group ID:** 60790-774  
**Effective Date:** 01/01/2023  
**Plan ID:** 050130DZ-L3

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 \$35
<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	Covered in full after \$20 copay	Up to \$25
Bifocal	Covered in full after \$20 copay	Up to \$40
Trifocal	Covered in full after \$20 copay	Up to \$50
Lenticular	Covered in full after \$20 copay	Up to \$80
<b>Preferred Pricing Options</b>		
<b>Level 3 Lens Option Package</b>		
Polycarbonate (Single Vision/Multi-Focal)	Covered in Full	Up to \$10
Standard Scratch-Resistant Coating	Covered in Full	Up to \$5
Ultra-Violet Screening	Covered in Full	Up to \$6
Solid or Gradient Tint	Covered in Full	Up to \$4
Standard Anti-Reflective Coating	Covered in Full	Up to \$24
Level 1 Progressives	\$75	Up to \$40
Level 2 Progressives	\$110	Up to \$40
All Other Progressives	\$50 allowance + up to 20% discount	Up to \$40
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 \$110
Medically Necessary	Covered in full	Up to \$250
<b>Refractive Laser Surgery</b>	Onetime/lifetime \$150 allowance Provider discount up to 25%	Onetime/lifetime \$150 allowance

### PLAN DETAILS

<b>Contribution</b>	Employer Paid
<b>Frequency</b>	
Eye Exam	Once every 12 month
Lenses	Once every 12 month
Frame	Once every 24 month
Contact Lenses	Once every 12 month
	<b>Rates</b>
	Please see your H.R. Department for Rates

Discounts are not insured benefits.

\*At participating Walmart/Sam's locations, retail pricing for your plan is \$68. At participating Costco locations, retail pricing is \$54.99.

†Prior Authorization is required for medically necessary contacts.

### 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

Policies and rates are guaranteed for 4 years.

Underwritten by: Fidelity Security Life Insurance Company, Kansas City, MO  
 Policy #: VC-16, Form M-9059

### How can we help you?

**Avēsis Website:**

www.avesis.com

**Customer Service:**

833-282-2441

7:00 a.m. to 8:00 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](http://www.avesis.com) or contact Avësis' Customer Service Monday through Friday, 7:00 a.m. to 8:00 p.m. (EST) at 800-828-9341 to receive a listing of providers in your area.



## 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 pairs 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 or may be applied toward contact lenses only. 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 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.

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