



Pennington County- Materials Only

Group ID: 60790-2057-01
Effective Date: 01/01/2023
Plan ID: 150150LZ1-L7

| VISION CARE SERVICES | IN-NETWORK MEMBER COST | OUT-OF-NETWORK REIMBURSEMENT |
|---|--|----------------------------------|
| Contact Lens Fit and Follow-up | | |
| Standard Contact Lens Fitting | Up to \$50 member out-of-pocket maximum | N/A |
| Custom Contact Lens Fitting | Up to \$75 member out-of-pocket maximum | N/A |
| MATERIALS* | \$10 copay (Materials copay applies to frame or spectacle lenses, if applicable.) | |
| Frame Allowance (Up to 20% discount above frame allowance.) | \$150 allowance | Up to \$50 |
| Standard Spectacle Lenses | | |
| Single Vision | Covered in full after \$10 copay | Up to \$25 |
| Bifocal | Covered in full after \$10 copay | Up to \$40 |
| Trifocal | Covered in full after \$10 copay | Up to \$50 |
| Lenticular | Covered in full after \$10 copay | Up to \$80 |
| Preferred Pricing Options | | |
| Level 7 Lens Option Package | | |
| 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 | Covered in Full | Up to \$40 |
| Level 2 Progressives | Covered in Full | Up to \$48 |
| All Other Progressives | \$140 allowance + up to 20% discount | Up to \$48 |
| 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 |
| Contact Lenses † (in lieu of frame and spectacle lenses) | | |
| Elective (10% discount on amount exceeding allowance) | \$150 allowance | Up to \$128 |
| Medically Necessary | Covered in full | Up to \$250 |
| Refractive Laser Surgery | Onetime/lifetime \$150 allowance Provider discount up to 25% | Onetime/lifetime \$150 allowance |

PLAN DETAILS

| | |
|---------------------|---------------------|
| Contribution | Voluntary |
| Frequency | |
| Lenses | Once every 12 month |
| Frame | Once every 24 month |
| Contact Lenses | Once every 12 month |
| | Rates |
| | EO \$10.51 |
| | E1 \$18.39 |
| | EF \$27.32 |

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.

Policies and rates are guaranteed for 2 years.

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

EO = Employee Only
 E1 = Employee + One
 ES = Employee + Spouse
 EC = Employee + Child(ren)
 EF = Employee + FAM

How can we help you?

Avēsis Website:
www.avesis.com

833-282-2441
 7:00 a.m. to 8:00 p.m. EST

LASIK Provider:
 877-712-2010

Discounts are not insured benefits.

*At participating Walmart/Sam's locations, retail pricing for your plan is \$82. At participating Costco locations, retail pricing is \$84.99.

*Prior Authorization is required for medically necessary contacts.



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.



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.

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 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