



Your vision health is an important part of complete wellness. Avēsis is pleased to present your vision benefits which are designed to give you and your covered family members the care, value and service to help maintain good vision and overall health.

Group No. 10771-1253

IN-NETWORK BENEFITS

SERVICE		OUT-OF-NETWORK
Eye Examination	<ul style="list-style-type: none"> Covered in full after \$10 copay Once every 12 months Includes dilation when professionally indicated. 	<ul style="list-style-type: none"> Reimbursement up to \$45
Frame Benefit*	<ul style="list-style-type: none"> Once every 24 months Members receive a \$50 wholesale allowance (equates to \$100-\$150 retail) toward any frame in a participating provider's office. 	<ul style="list-style-type: none"> One pair every 24 months Reimbursement up to \$45
Standard Spectacle Lenses	<ul style="list-style-type: none"> Covered in full One pair every 12 months Standard single vision, bifocal, trifocal, lenticular covered in full 	<ul style="list-style-type: none"> One pair every 12 months Plan reimburses \$40 for single vision lenses, \$60 for bifocal lenses, \$80 for trifocal lenses and \$80 for lenticular lenses
Progressive Lenses	<ul style="list-style-type: none"> EyeFOCAL L2 Digital Progressives covered in full 	<ul style="list-style-type: none"> \$60 for Progressive Lenses
Lens Options	<p>Covered in Full Lenses</p> <ul style="list-style-type: none"> Plastic or Glass Oversized Fashion Gradient Tinting Glass-Grey #3 Prescription Sunglasses Polycarbonate Lenses Scratch Resistant Coating¹ Ultraviolet Coating¹ Photochromic Glass <p>¹Included with Polycarbonate Materials</p> <p>20% Discount + Lens Allowance</p> <ul style="list-style-type: none"> Standard Anti-Reflective Coating Premium AR Coating Ultra AR Coating Premium Progressives Hi-Index Polarized Plastic Photosensitive 	<ul style="list-style-type: none"> Standard Lens Allowance
Contact Lenses**	<ul style="list-style-type: none"> One pair every 12 months Elective covered up to \$150 allowance Medically Necessary covered in full 	<ul style="list-style-type: none"> Once every 12 months Reimbursement up to \$150 allowance Reimbursement up to \$250
Laser Vision Correction	<ul style="list-style-type: none"> \$150 onetime/lifetime allowance 	<ul style="list-style-type: none"> \$150 onetime/lifetime allowance

RATES - Employee Contribution

Tier	Rates
Employee Only	\$ 6.89
Employee + Spouse	\$13.02
Employee + Child(ren)	\$14.12
Employee + Family	\$18.32

* Please note, if purchased in-network, discounted prices may be offered through the Avēsis Vision Plan. However, as with most products, retail prices may vary. Discounts are not available at Wal-Mart locations or other select retailers.

** If you choose contact lenses, this benefit is provided instead of the benefit for spectacle lenses and frames.

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, 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;
- 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 support 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;
- 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.

NOTES AND DISCLAIMERS

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, or both contact lenses and professional services (fitting fees). Laser vision correction is considered Refractive Surgery, an elective procedure, and may involve potential risks to patients. Avësis is not responsible for the outcome of any refractive surgery. Only one co-pay applies to either frame or lenses.

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.