

# Vision Insurance

## Plan Highlights

**What Is Included?** If you use an in-network provider, the Vision Plan covers the cost of exams and lenses after your co-pay (see the chart below). If you choose an out-of-network provider, you will pay significantly more.

If you have Lasik surgery at an in-network provider, you may receive a discount of 25% off, plus \$150 one-time/lifetime allowance.

Benefit	Premium Plan	Standard Plan
Vision Exam	\$20 co-pay (every 12 months)	\$10 co-pay (every 12 months)
Vision Materials	\$20 co-pay (every 12 months)	\$15 co-pay (every 24 months)
Standard Lenses		
Single	Paid in full after co-pay	Paid in full after co-pay
Bifocal Lenses	Paid in full after co-pay	Paid in full after co-pay
Trifocal	Paid in full after co-pay	Paid in full after co-pay
Lenticular	Paid in full after co-pay	Paid in full after co-pay
Progressive	Discounted Pricing	Discounted Pricing
Popular Lens Coatings	Paid in full after co-pay	\$15 - \$45
Frames*	\$150 allowance, plus up to 20% discount.	\$130 allowance, plus up to 20% discount.
Contact Lenses	Includes fit & follow-up	Fit & follow up add'l cost
Elective	\$150 allowance	\$130 allowance
Medically Necessary	Paid in Full	Paid in Full

\*Note that certain retailers have LOWER frame allowances because they already offer deep discounts. However, it is likely that you will still pay less out of pocket at these providers. Here are details for each plan option:

- **Standard Plan:** At participating Walmart/Sam's locations, the frame allowance is \$68. At participating Costco locations, the frame allowance is \$74.99.
- **Premium Plan:** At participating Walmart/Sam's locations, the frame allowance is \$82. At participating Costco locations, the frame allowance is \$84.99.

**Limitations:** The Vision Plan is designed to cover eye examinations, corrective eyewear and visual needs, not cosmetic options. If you select options that are not covered under the plan, you will pay a discounted fee if you use an in-network provider.

**Exclusions:** There are no benefits under the plan for professional services or materials connected with and arising from: 1) Orthoptics of vision training; 2) Subnormal vision aids and any supplemental testing; 3) Plano (non-prescription) lenses; 4) Two pair of glasses in lieu of bifocal; 5) Any medical or surgical treatment of eye disease or injury; 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.

## Tips for Maximizing your Benefit Dollars

Choose an AVESIS in-network provider. Presenting your ID card or Member ID number to a participating AVESIS provider means significant savings!

Please call AVESIS Customer Service at (800) 828 9341 M-F 7:00am to 5:00pm MST, or visit the website at: [www.avesis.com](http://www.avesis.com) to find a provider in your area.

Like most vision plans, these plans have frequency limitations. The plans pay benefits for an eye exam, lenses/contacts and frames once per year.

Review the official plan documents for the complete set of rules and limitations that apply to this coverage.