

YOUR AVESIS VISION PLAN

Your vision health is an important part of complete wellness. Avesis 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.

Benefits

Vision Examination

When choosing the frames and spectacle lenses package!

FRAMES

AND

SPECTACLE LENSES



Contact Lenses

LASIK Surgery

Group Details

Effective Date:
Group Number:
Plan #:

Benefit Frequency

Every:

Vision Exam
Spectacle Lenses
Frames
Contact Lenses

Co-Pays

Vision Examination
Materials

Rates

Avēsis

A National Vision, Dental and Hearing Company

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www.avesis.com

Your Avesis Vision Plan

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 those costs to the 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, non-prescription sunglasses; 4) Two pair of glasses in lieu of bifocal lenses; 5) Any medical or surgical treatment of eye or support structures, except for covered Refractive Benefit; 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 or required by any governmental agency whether Federal, State or subdivision thereof. 9) Services or materials provided by any other group benefit plans providing vision care.

Notes and Disclaimers

Notes and Disclaimers: Should the Member present with any of the following conditions: central vision loss, photopsia, floaters, history of ocular surgery, history of ocular trauma, history of ocular disease high myopia or diabetes, dilation will be provided as part of the comprehensive eye exam.

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. Avesis 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 or the end of the last period for which any required contribution agreed to in writing has been made.

Using your Vision Benefit

When you need to see an eye care professional, simply visit www.avesis.com or contact Avesis' Customer Service Monday through Friday, 7AM to 8PM (EST) at 1-800-828-9341.

1 Select a provider

3 Visit provider for service

2 Contact provider for an appointment

4 Pay any co-pays or additional uncovered expenses

Important Information

Avesis Website: avesis.com

Customer Service Number: 1-800-828-9341

LASIK Provider Number: 1-888-314-4619

Avesis
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