

Out-of-Network Reimbursement Schedule

Vision Examination \$50

Spectacle Lenses (pair)

Standard Single Vision Lenses \$30

Standard Bifocal Lenses \$45

Standard Trifocal Lenses \$55

Standard Lenticular Lenses \$110

Frame \$50

Contact Lenses

Elective \$150

Medically Necessary \$300

If an Avesis member chooses to receive services from a non-participating provider, the member would pay the provider and submit an itemized statement along with an Out-of-Network Claim Form to Avesis for reimbursement. Reimbursement amounts are according to the Out-of-Network Reimbursement Schedule.

The member must submit the claim within 3 months from the date of service. When filing a claim, the member must provide the following information: Member's ID number, Member's name, Patient's name, Patient's date of birth, Member's mailing address and the group number.

Out-of-Network benefits are subject to the same eligibility, availability, frequency of benefits and limitations and exclusion provisions of the plan and are in place of services provided by an Avesis participating provider.

*The contact lens benefit takes the place of an exam, spectacle lenses and a frame for that plan period.

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 Avesis participating provider. Benefits are payable only for expenses incurred 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
- 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) Service or materials provided as a result of any Worker's Compensation Law, or similar legislation, required by any governmental agency whether Federal, State or subdivisions thereof.

Avēsis

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The Avesis Advantage *Vision Care Program*

Designed for the State of Arizona

Avēsis

A National Vision and Dental Company

Eligibility

All employees, their spouses and unmarried children from birth to age 19 (or 25 if a full-time student) meeting the eligibility requirements of the employer are eligible for coverage.

Avesis Vision Care Benefits

The following services are available to members who choose to receive services from an Avesis participating provider after the applicable co-payment is met.

Vision Examination Covered 100% <small>(After \$10 co-payment)</small>	Once every 12 months
Spectacle Lenses Covered 100% <small>(Standard Single Vision, Bifocal Trifocal or Lenticular)</small>	Once every 12 months
Frame Covered 100% <small>(Within plan allowance)</small>	Once every 12 months
Contact Lenses Allowance \$130 <small>(Elective) Medically necessary covered 100%</small>	Once every 12 months
LASIK Allowance \$150 <small>(One-time/lifetime)</small>	One-time/ lifetime

How to use the Plan

1. Call 1-800-828-9341 if you need assistance in selecting an Avesis participating provider, or if you need clarification of your vision care plan
2. Call the provider and identify yourself as an Avesis Member
3. Schedule an appointment with an Avesis participating provider
4. Pay your co-payment at the Avesis participating provider's office and any expenses not covered

Exam Benefit

A vision examination will be provided to Avesis members by a participating provider. This benefit does not include related contact lens professional fees (fitting fees). The vision examination is covered after the \$10 exam co-payment is met.

Frame Benefit

The member may choose from a wide variety of frames at the Avesis participating provider location. The member then has the choice of staying within the plan allowance* with no out-of-pocket expense other than the exam co-payment. If the wholesale cost of the frame exceeds the plan's wholesale frame allowance the member would pay a designated amount based on the difference between the wholesale cost of the frame and the plan's frame allowance.

*The retail value of a covered frame is approximately \$100-\$150. As with most products retail prices may vary. Avesis plan payment is \$50 toward the wholesale cost.

Spectacle Lenses Benefit

Covered spectacle lenses include a choice of standard lenses (single vision, bifocal, trifocal, or lenticular). If the member chooses to upgrade to specialty lenses (i.e. hi-index, progressive) the member would pay a discounted fee to the participating provider's office.

Contact Lens Benefit

In-Network Benefits

Elective – There is a \$10 co-payment for the exam and a \$130 allowance that applies toward contact lenses and related professional fees (fitting fees).

Medically Necessary – There is a \$10 co-payment for the exam. Avesis will reimburse the participating provider for the remainder of the services.

Out-of-network Benefits

Elective – \$150 allowance will be applied toward exam, contact lenses, and related professional fees (fitting fees).

Medically Necessary – \$300 will be applied toward exam, contact lenses, and related professional fees

(fitting fees). Contact lenses would be deemed "medically necessary" for the following conditions: a) post cataract surgery, b) keratoconus, c) certain conditions of anisometropia, and d) to correct extreme visual conditions that cannot be corrected with spectacle lenses.

Determination of "medically necessary" versus "elective" contact lenses will be determined exclusively by Avesis.

LASIK Benefit

Avesis membership provides access to the Avesis preferred pricing through an Avesis participating LASIK surgery center only. On a one-time/lifetime basis, Avesis will apply a \$150 allowance toward the cost of LASIK surgery for one or both eyes. This will take the place of all other benefits for that plan period. The remaining charges are the responsibility of the member. Refractive surgery is an elective procedure and may involve potential risks to patients. Avesis is not responsible for the outcome of any refractive surgery.

Additional Options

Members receive 20% savings from Avesis participating provider's fees for those options (i.e. scratch coating, anti-reflective coating) that are not covered under the Advantage Vision Care Plan.

Additional Eyewear

After members have received their covered eyewear, additional eyewear savings may still be obtained at the Avesis participating provider offices at our already reduced discounted fee. The members would be responsible for payment of the discounted fees to the providers.

Termination of Coverage

Insurance will end automatically for covered members on the earliest of the following dates: a) The date the policy ends; b) The end of the last period for which a required contribution agreed to in writing has been made; c) The date you are no longer eligible for insurance.