

# Welcome to the AVESIS VISION PLAN

## State of Arizona

## Benefit Options

Choice. Value. Health.

You have joined millions of people who use Avesis to meet their vision care needs. This program has been specifically designed to provide you and your covered family members with quality, professional vision care, all at a tremendous savings to you!



### In-Network Vision Benefits

#### Vision Examination

Frame (within plan allowance)

#### Spectacle Lenses

Standard Single Vision  
Standard Bifocal  
Standard Trifocal  
Standard Lenticular

**Covered  
in Full**

after co-pay(s)

#### Contact Lenses

Elective (up to plan allowance)  
Medically Necessary (prior authorization required)

no co-pay for  
contacts

Progressive lenses - discounted fee schedule, plus a \$50 allowance  
Specialty lenses - discounted fee schedule, plus the corresponding standard lens payment

#### Lens Options<sup>1</sup>

Laser Vision Correction<sup>2</sup>  
Additional Purchases<sup>3</sup>

**Discounted  
Items\***

### Benefit Frequency

Vision Exam	Every 12 Months
Spectacle Lenses	Every 12 Months
Frames	Every 12 Months
Contact Lens Allowance	Every 12 Months

\*not insured benefits

<sup>1</sup> preferred member pricing for lens options

<sup>2</sup> 5% - 25% off on laser vision correction

<sup>3</sup> up to 20% off on all additional purchases or items not covered

### Plan Allowances

#### FRAME

Members receive any frame with an approximate retail value between **\$100 - \$150** (up to a **\$50** wholesale allowance). Frames from participating Wal-Mart locations are covered up to a \$68 retail value.

#### CONTACT LENSES

(In lieu of spectacle lenses and frames)

Members receive a contact lens allowance of **\$150** which can be used for materials and services.

#### LASIK SURGERY

(In lieu of all other services for the benefit year)

Discount<sup>2</sup> plus **\$300** one-time/lifetime allowance.

### Co-pays

Vision Examination	\$10.00
Materials	\$0.00

### Rates

Employee Paid Rates Per Month

Employee Only	\$4.83
Employee + One	\$13.52
Employee + Family	\$16.86



### Out-of-Network Reimbursement

EXAM	SPECTACLE LENSES	FRAME	CONTACT LENSES
\$50.00	Standard Single Vision \$33.00 Standard Bifocal \$50.00 Standard Trifocal \$60.00 Standard Lenticular \$110.00 Progressive \$60.00 Specialty Lenses Corresponding Standard Lens Reimbursement	\$50.00	Elective \$150.00 Medically Necessary \$300.00
			<b>LASIK</b> LASIK Surgery \$300.00

All reimbursement amounts listed above are up to the posted dollar amount.

# Avēsis

A National Vision and Dental Company

Underwritten by: Fidelity Security Life Insurance Company, Kansas City, MO  
Policy #: VC-16, Form M9059

Effective Date: 10/01/2009  
Group Number: 10790-1040  
Plan #: 938

WWW.AVESIS.COM

# HOW TO USE YOUR BENEFITS

When you need to see an eye care professional, simply call Avesis at 1.888.759.9772 or visit [www.avesis.com](http://www.avesis.com). Avesis' Customer Service Representatives and its website have the most current listing of participating providers.

- 1 Select a participating provider
- 2 Call and identify yourself as an Avesis member
- 3 Schedule an appointment
- 4 Present your ID Card and pay any co-pays and expenses not covered under the vision program

## LOOKING FOR A LASIK PROVIDER?

Avesis has contracted with participating providers to provide significant discounts for LASIK surgery. You may call 1.888.314.4619 for additional information or to locate a participating provider in your area.

## OUT-OF-NETWORK INFORMATION

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 Avesis 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 Avesis provider. Out-of-network claim forms can be obtained by contacting Avesis' Customer Service Center, your group administrator or by visiting [www.avesis.com](http://www.avesis.com).

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 Avesis 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 of 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:** Dilation is covered in full based on the following conditions: central vision loss, photopsia, floaters, history of ocular surgery, history of ocular trauma, history of ocular disease high myopia or diabetes. If the following conditions do not apply, members will receive Avesis' Preferred Pricing (20% off retail).

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.

**Filing a Complaint or Grievance:** If you have a concern or complaint about the vision services you received under the benefit plan, you have several methods to contact Avesis for assistance. You can call our Customer Service Center at 1-888-759-9772 and our representative will assist you in documenting your concerns or questions. You can also send us a secure email through the Avesis website at [www.avesis.com](http://www.avesis.com) under the section "Contact Us - Customer Service". Detail your complaint and an Avesis representative will contact you within

24 hours. You may also send us a letter addressed to Avesis Quality Assurance, PO Box 7777, Phoenix AZ 85012. Lastly, if you suspect fraudulent activity, call Avesis at 1-888-759-9772.

Please be assured your concerns are taken seriously and will be investigated thoroughly by one of our Quality Assurance Staff. You will receive a decision on our investigation within two business days, along with information for filing an Appeal if you do not agree with our decision. An Appeal can be made for any disagreement with respect to payment for services, such as a reduction of claim payment, benefits that are considered as non-covered, or denial of eligibility. You also have the right to file a Grievance if you do not agree with the Appeal decision. Grievances must be in writing and will be reviewed by the Avesis Grievance Committee.

**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.

[WWW.AVESIS.COM](http://WWW.AVESIS.COM)

Insured benefits are administered by Avesis Third Party Administrators, Inc., Phoenix, AZ

**Avesis**  
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Avesis Customer Service 1.888.759.9772