

Pima County

An In-Depth Look...

Reliable & Dependable

Avēsis is a national leader in providing exceptional vision care benefits for millions of commercial members throughout the country. The Avēsis vision care products provide our members with an easy-to-use wellness benefit that provides excellent value and protection.

Rates (biweekly)

Vision Care Services	In-Network Member Benefits	Out-of-Network Reimbursement
Eye Examination	Covered in full after \$10 copay	Up to \$35
Materials		
Frame Allowance***	\$50 Wholesale Allowance \$100-\$150 retail value**	Up to \$45
Standard Spectacle Lenses		
Single Vision	Covered in full after \$10 copay	Up to \$25
Bifocal	Covered in full after \$10 copay	Up to \$40
Trifocal	Covered in full after \$10 copay	Up to \$50
Lenticular	Covered in full after \$10 copay	Up to \$80
Standard Progressive	Covered up to \$50, plus 20% off retail	Up to \$40
Other Lens Options*		
Specialty Lenses (hi index, photochromatic, etc)	20% off retail plus standard lens allowance	Not covered
Contact Lenses (in lieu of frame and spectacle lenses)		
Elective	\$130 allowance	Up to \$130
Medically Necessary	Covered in full	Up to \$250
Refractive Laser Surgery	Provider discount up to 25% \$150 allowance	Up to \$150
Frequency		
Eye Examination	Once every 12 Months	Once every 12 Months
Lenses or contact lenses	Once every 12 Months	Once every 12 Months
Frame	Once every 12 Months	Once every 12 Months

* Discounts are not insured benefits

How can we help you?

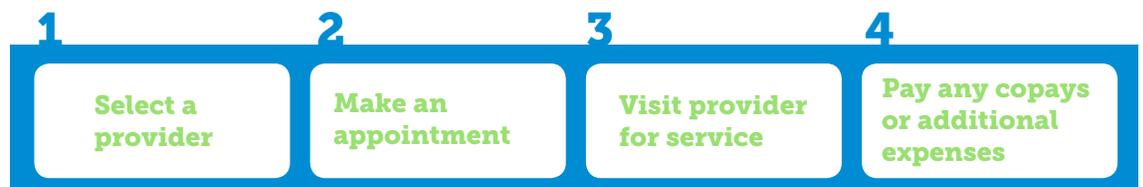
Avēsis Website:
www.avesis.com

Customer Service:
1-800-828-9341
7AM - 8PM EST

LASIK Provider:
1-877-712-2010

Here's how it works...

When you need to see an eye care professional, simply visit www.avesis.com or contact Avēsis' Customer Service Monday through Friday, 7AM to 8PM (EST) at 1-800-828-9341 to receive a listing of providers in your area.



** Values provided may be more or less depending on the providers retail pricing.

*** Provider wholesale frame pricing for your plan is \$50. Participating Wal-Mart locations cover frames up to a \$68 retail value.

Insured benefits are underwritten by: Fidelity Security Life Insurance Company, Kansas City, MO

Policy #: VC-16, Form M-9059

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 Avēsis 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 Avēsis provider. Out-of-network claim forms can be obtained by contacting Avēsis' 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 Avēsis 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, aniseikonic lenses;
- 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 supporting 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 and safety eyewear;
- 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.
- 9) Services or materials provided by any other group benefit plan providing vision care.

Refractive Surgery Vision Benefit Exclusions:

Benefits are not payable for any of the following:

- 1) Routine vision examinations or corrective vision materials, including corrective eyeglasses, fittings, lenses, frames or contact lenses; or
- 2) Medical or surgical procedures, services or treatments:
 - a. not specifically covered under this Rider;
 - b. provided free of charge in the absence of insurance
 - c. payable under any Workers' Compensation law, or similar statutory authority
 - d. payable under governmental plan or program whether Federal, state or subdivisions thereof.

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.

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). Refractive Laser Surgery is considered Refractive Surgery, an elective procedure, and may involve potential risks to patients. Avēsis is not responsible for the outcome of any refractive surgery.

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