



Welcome to Your Avēsis Vision Plan!

Avēsis is a leading managed vision insurance company. Providing outstanding customer service has been a top priority for over 40 years, and our core values help us deliver innovative and valued benefit programs to our members. A strong provider network, a user-friendly website for member self-service, and mail order and LASIK benefits make this a plan you can keep. Don't lose sight of all the good when you can see it with Avēsis.

Your Website: www.avesis.com/kansas

Here are just a few of the things you can do easily on the member portal:

- Print ID cards – though you never need to present your idea to get benefits
- Submit claims and check status – faster, easier, and greener because it's paperless
- View benefit summaries and eligibility – your full range of benefits at your fingertips
- Search for providers – by mile radius, provider name, city, state, gender, and more
- Order glasses online – shipped to your door, free
- Find LASIK providers – and schedule your surgery



Healthy Vision In Sight

Got a question about how you can improve your chances to have healthy vision for life? Try our interactive site, with downloadable flyers and a fun quiz to teach you more about vision.



Avēsis Vision Delivered

Order frames and lenses from the comfort of your couch. Free shipping and free returns make this a risk-free experience for our members. Choose state-of-the-art coatings and materials, upload your prescription (or fill it in yourself), and your eyes are the prize.



Participating Retailers

Avēsis participates with many of the nation's top retailers such as Walmart, Sam's Club, and Costco. Materials are covered up to the plan allowances depending on the plan selection, with any overage being a member responsibility.



LASIK

Save money on LASIK surgery from QualSight. Choosing a QualSight provider can save you up to 25 percent on the average costs and includes exams, post-op visits, and more. You can even use your FSA or HSA dollars!

| 2022 Rates | Basic | Enhanced |
|--|--------|----------|
| Employee Only | \$2.88 | \$5.84 |
| Employee & Spouse | \$5.84 | \$10.80 |
| Employee & Child(ren) | \$6.32 | \$12.70 |
| Family | \$8.68 | \$16.36 |
| Direct Bill Retiree Eligible Member (Single) | \$2.88 | \$5.84 |

Customer Care Center:
855-249-6317

2022 Vision Benefits



| Vision Care Services | Basic Plan Network | Enhanced Plan Network | Non Network |
|--|--|---|--|
| Vision Exam | | | |
| Vision Exam includes Refraction | Covered in full after \$50 copay | Covered in full after \$50 copay | Up to \$38 |
| Contact Lens Fit and Follow-up (CLEFFU)* | | | |
| Standard CLEFFU | Member pays up to \$35 | Member pays up to \$35 | Not covered |
| Custom CLEFFU | 10% off retail price minus \$55 allowance | 10% off retail price minus \$55 allowance | Up to \$39 |
| Frame | | | |
| Frame Allowance | \$100 allowance | \$150 allowance | Basic: Up to \$45; Enhanced: Up to \$78 |
| Standard Spectacle Lenses | | | |
| Materials: \$25 copay (Applies to frame or spectacle lenses, if applicable.) | | | |
| Single Vision | Covered in full after \$25 copay | Covered in full after \$25 copay | Up to \$31 |
| Bifocal | Covered in full after \$25 copay | Covered in full after \$25 copay | Up to \$51 |
| Trifocal | Covered in full after \$25 copay | Covered in full after \$25 copay | Up to \$64 |
| Lenticular | Covered in full after \$25 copay | Covered in full after \$25 copay | Up to \$80 |
| Lens Options | | | |
| Polycarbonate (Single Vision/Multi-Focal) | Member pays up to \$40 | Covered in full | Basic: Not covered Enhanced: Up to \$14 |
| Standard Scratch-Resistant Coating | Member pays up to \$15 | Covered in full | Basic: Not covered Enhanced: Up to \$7 |
| Ultraviolet Screening | Member pays up to \$15 | Covered in full | Basic: Not covered Enhanced: Up to \$7 |
| Solid or Gradient Tint | Member pays up to \$17 | Member pays up to \$17 | Not covered |
| Standard Anti-Reflective Coating | Member pays up to \$45 | Member pays up to \$45 | Not covered |
| Progressives | Not covered | \$165 allowance | Basic: Not covered Enhanced: Up to \$84 |
| High-Index Lenses | Not covered | \$116 allowance | Basic: Not covered Enhanced: Up to \$39 |
| Transitions® (Single Vision/Multi-Focal) | Member pays up to \$70/\$80 | Member pays up to \$70/\$80 | Not covered |
| Polarized | Member pays up to \$75 | Member pays up to \$75 | Not covered |
| PGX/PBX | Member pays up to \$40 | Member pays up to \$40 | Not covered |
| Other Lens Options† | Provider discount up to 20% | Provider discount up to 20% | Not covered |
| Contact Lenses‡ | | | |
| Elective | \$150 allowance | \$150 allowance | Up to \$105 |
| Medically Necessary§ | Covered in full | Covered in full | Up to \$105 |
| Refractive Laser Surgery | | | |
| Up to 25% provider discount.¶ | \$150 onetime/lifetime allowance | \$150 onetime/lifetime allowance | \$150 onetime/lifetime allowance |
| Frequency | | | |
| Vision Exam | Covered once every calendar year | | |
| Frame | Covered once every calendar year | | |
| Spectacle Lenses | Covered once every calendar year, unless contact lenses are selected | | |
| Contact Lenses | Covered once every calendar year, unless spectacle lenses are selected | | |

*Contact lens fit and up to two (2) follow up visits covered once a comprehensive eye exam has been completed. For typical standard lens wearers include disposable, daily wear or extended wear lenses. For typical specialty lens wearers include toric, gas permeable and multi-focal lenses.

†All services not listed up to 20% off of retail. Discounts do not apply at certain providers including Walmart, Sam's Club, and Costco locations.

‡In lieu of spectacle lenses.

§Prior authorization is required for medically necessary contacts.

¶Save up to 25% on average LASIK prices when you use Quasight.

Note: Members may use their benefit for contact lenses OR spectacle lenses once (1) per year, however the members frame allowance can still be used if contact lenses are elected.

How can we help you?

Customer Service:

855-249-6317

Value Add Services

- Top Retail providers are in Network – Walmart, Costco, Sam's, Target etc.
- Hearing aids are discounted through Amplifon
- LASIK is up to 25 percent off the average cost with Quallsight
- Contact lens fitting does not come out of allowance
- Avesis Vision Delivered lets you shop for glasses at home
- Additional discounts available*
- Members have full plan year to use contact lens allowance
- Retinal Imaging is available for a member preferred price
- Up to 20% off remaining frame balance
- Up to 10% off remaining contact lens balance

*see plan certificate for details

Underwritten by: Fidelity Security Life Insurance Company, Kansas City, MO
Insured benefits are administered by Avēsis Third Party Administrators, Inc., Phoenix, AZ

Using Non-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 or your group administrator, or by visiting www.avesis.com.

Termination Provisions

The group will determine the date of coverage and report that date to Avēsis within the enrollment file.

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. Refractive Laser Surgery is considered an elective procedure, and may involve potential risks to patients. Avēsis is not responsible for the outcome of any refractive surgery. Discounts on materials are not available at Walmart locations. Members may not use their contact lens allowance toward fitting fees at Walmart and are responsible for any out-of-pocket fees associated with fittings there. Discounts on materials are not available at Costco locations. ID cards are not required for services.

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.