

Winslow Unified School District

11001-638 **Group ID: Effective Date:** 07/01/2022 Plan ID: 914

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VISION CARE SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK REIMBURSEMENT	RELIABLE 8 DEPENDAB
Vision Examination (includes Refraction)	Covered in full after \$0 copay	Up to \$35	Avēsis is a n leader in pro
MATERIALS*	\$0 copay (Materials copay applies to frame or spectacle lenses, if applicable.)		exceptional care benefits commercial
Frame Allowance (Up to 20% discount above frame allowance.)	Members receive a \$50 wholesale allowance up to \$150 retail value	Up to \$45	throughout
Standard Spectacle Lenses			The Avēsis v
Single Vision	Covered in full after \$0 copay	Up to \$25	care produc
Bifocal	Covered in full after \$0 copay	Up to \$40	our member easy-to-use
Trifocal	Covered in full after \$0 copay	Up to \$50	that provide
Lenticular	Covered in full after \$0 copay	Up to \$80	and protecti
Standard Progressives	Covered up to \$50, plus 20% off retail	Up to \$40	
	Lens Options are discounted up to 20% off retail	N/A	Policies and ra for 2 years.
Contact Lenses † (in lieu of frame and spectacle lenses)			AZ
	\$130 allowance	Up to \$130	Underwritten I AZ Policy #: AA-1
(in lieu of frame and spectacle lenses) Elective	\$130 allowance Covered in full	Up to \$130 Up to \$250	AZ
(in lieu of frame and spectacle lenses) Elective (10% discount on amount exceeding allowance)	·	Up to \$130 Up to \$250 Onetime/lifetime \$150 allowance	AZ Policy #: AA-1
(in lieu of frame and spectacle lenses) Elective (10% discount on amount exceeding allowance) Medically Necessary	Covered in full Onetime/lifetime \$150 allowance	Up to \$250 Onetime/lifetime \$150	AZ
(in lieu of frame and spectacle lenses) Elective (10% discount on amount exceeding allowance) Medically Necessary Refractive Laser Surgery PLAN DETAILS	Covered in full Onetime/lifetime \$150 allowance	Up to \$250 Onetime/lifetime \$150	AZ Policy #: AA-1 How can we l Avēsis Websi www.avesis.co 800-828-9341
(in lieu of frame and spectacle lenses) Elective (10% discount on amount exceeding allowance) Medically Necessary Refractive Laser Surgery	Covered in full Onetime/lifetime \$150 allowance Provider discount up to 25%	Up to \$250 Onetime/lifetime \$150	AZ Policy #: AA-1 How can we l Avēsis Websi www.avesis.co 800-828-9341
(in lieu of frame and spectacle lenses) Elective (10% discount on amount exceeding allowance) Medically Necessary Refractive Laser Surgery PLAN DETAILS Contribution	Covered in full Onetime/lifetime \$150 allowance Provider discount up to 25%	Up to \$250 Onetime/lifetime \$150 allowance	How can we lead to be a second with the second was a second with the second wi
(in lieu of frame and spectacle lenses) Elective (10% discount on amount exceeding allowance) Medically Necessary Refractive Laser Surgery PLAN DETAILS Contribution Frequency	Covered in full Onetime/lifetime \$150 allowance Provider discount up to 25% Employer Paid	Up to \$250 Onetime/lifetime \$150 allowance Rates Please see your H.R.	AZ Policy #: AA-1
(in lieu of frame and spectacle lenses) Elective (10% discount on amount exceeding allowance) Medically Necessary Refractive Laser Surgery PLAN DETAILS Contribution Frequency Eye Exam	Covered in full Onetime/lifetime \$150 allowance Provider discount up to 25% Employer Paid Once every 12 months	Up to \$250 Onetime/lifetime \$150 allowance Rates Please see your H.R.	How can we havesis Websit www.avesis.co

[§]Discounts are not insured benefits.



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vision cts give ers an wellness benefit es excellent value

rates are guaranteed

by: Avesis, Phoenix, -1 Form AA-1

help you?

site: com

8:00 p.m. EST

der:



^{*}At participating Walmart/Sam's locations, retail pricing for your plan is \$68. At participating Costco locations, retail pricing is \$54.99.

[†]Prior Authorization is required for medically necessary contacts.

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, 7 a.m. to 8 p.m. (EST) at 800-828-9341 to receive a listing of providers in your area.



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 or 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:not specifically covered under this Rider,
 - a. provided free of charge in the absence of insurance
 - b. payable under any Workers' Compensation law or similar statutory authority
 - c. 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. Refractive Laser Surgery is considered an elective procedure, and may involve potential risks to patients. Avesis 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.