

Group Number: 60790-2436

Plan Number: 15015002113

Member Copay		Frequency	
Materials <small>Applies to frame or spectacle lenses, if applicable.</small>	\$15 copay	Lenses or Contact Lenses	Once every 12 months
		Frame	Once every 24 months

Vision Care Services	In-Network Member Cost*	Out-of-Network Reimbursement
Contact Lens Fit and Follow-up (CLEFFU)		
Standard CLEFFU	Up to \$50 member OOP maximum	N/A
Custom CLEFFU	Up to \$75 member OOP maximum	N/A
Frame Allowance		
Up to 20% discount above frame allowance.*	\$150 allowance	Up to \$50
Standard Spectacle Lenses		
Single Vision	Covered in full after \$15 copay	Up to \$25
Bifocal	Covered in full after \$15 copay	Up to \$40
Trifocal	Covered in full after \$15 copay	Up to \$50
Lenticular	Covered in full after \$15 copay	Up to \$80
All Other Progressives	Balance after \$50 allowance + up to 20% off retail	Up to \$40
Preferred Pricing Options*		
Level 3 Option Package		
Polycarbonate (Single Vision/Multi-Focal)	Covered in full	Up to \$10
Standard Scratch-Resistant Coating	Covered in full	Up to \$5
Ultraviolet Screening	Covered in full	Up to \$6
Solid or Gradient Tint	Covered in full	Up to \$4
Standard Anti-Reflective Coating	Covered in full	Up to \$24
Standard Progressives†	\$50 allowance	Up to \$40
Premium Progressives	Balance after \$50 allowance + up to 20% off retail	Up to \$40
Plastic Photochromic (Single Vision/Multi-Focal)	\$70/\$80 member OOP maximum	N/A
Polarized	\$75 member OOP maximum	N/A
PGX/PBX	\$40 member OOP maximum	N/A
Other Lens Options	Provider discount up to 20%	N/A
Contact Lenses‡		
Elective	\$150 allowance	Up to \$128
Medically Necessary§	Covered in full	Up to \$250
Refractive Laser Surgery		
Up to 25% provider discount.¶	Onetime/lifetime \$150 indemnity allowance	Onetime/lifetime \$150 indemnity allowance

Rates

Employee Paid - Monthly	
Employee Only	\$ 8.30
Employee + Spouse	\$ 15.94
Employee + Child(ren)	\$ 17.39
Employee + Family	\$ 22.46

Here's How It Works

1. Find a provider at www.avesis.com.
2. Make an appointment.
3. Visit the provider for service.
4. Pay any copays or additional expenses.

How can we help you?

Avēsis Website:

www.avesis.com

Customer Service:

855-214-6777

7 a.m. - 8 p.m. EST

LASIK Provider:

877-712-2010

***Hearing Provider:**

844-366-0039 TTY: 711

*Discounts are not insured benefits.

†After \$50 allowance, the member's out of pocket cost is \$75 for L1 progressives or \$110 for L2 progressives.

‡In lieu of frame and spectacle lenses.

§Enhanced benefit for certain conditions.

¶Save up to 25% on average LASIK prices when you use Quallsight (visit quallsight.com/avesis for more information).

*Discounts available on hearing tests and hearing aids via Amplifon.

At participating Walmart/Sam's locations, retail pricing for your plan is \$82. At participating Costco locations, retail pricing is \$84.99.