# Your Avesis Vision Plan

## City of Tucson (Retiree)

Your vision health is an important part of complete wellness. Avesis is pleased to present your vision benefits which are designed to give you and your covered family members the care, value and service to help maintain good vision and overall health.

### In-Network Benefits

**Vision Examination** — **Your vision exam is covered in full after a co-pay.**

**$175*** average retail — When choosing the **frames** and **spectacle lenses** package!

#### FRAMES

Providers typically charge between $75 - $100* for frames covered in full by your plan allowance.**

AND

#### SPECTACLE LENSES

Standard lenses are covered in full. Providers typically charge between $60 - $120* for standard lenses.

**Contact Lenses** — In lieu of frames and spectacle lenses, members receive an allowance up to $110 for materials and fit and follow-up exam

Medically necessary contact lenses are covered in full (prior authorization is required)

**LASIK Surgery** — Members receive a one-time/lifetime allowance of $300.00

### Additional Discounts

**Progressive Lenses**
Are discounted up to 20% off retail in addition to a $50 allowance

**Lens Options, Non-Covered Items and Additional Purchases**
Are discounted up to 20% off retail

**Specialty Lenses**
Are discounted up to 20% off retail in addition to the corresponding standard lens allowance

**LASIK Surgery**
5% - 25% off retail

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

** Provider wholesale frame pricing for your plan is $35. Participating Wal-Mart locations cover frames up to a $52 retail value.

### Group Details

| | |
|---|---|
| **Effective Date:** | 7/1/2013 |
| **Group Number:** | 10790-2152 |
| **Plan #:** | 926NC |

### Benefit Frequency

| | Every: |
|---|---|
| **Vision Exam** | 12 Months |
| **Spectacle Lenses** | 12 Months |
| **Frames** | 12 Months |
| **Contact Lenses** | 12 Months |

### Co-Pays

| | |
|---|---|
| **Vision Examination** | $10.00 |
| **Materials** | $10.00 |

### Rates

Retiree Paid Quarterly Rates

| | |
|---|---|
| Retiree Only | $15.45 |
| Retiree + One | $27.15 |
| Retiree + Family | $39.96 |

### Out-of-Network Reimbursement

| | Up to: |
|---|---|
| Exam | $35.00 |
| Standard Single Vision | $25.00 |
| Standard Bifocal | $40.00 |
| Standard Trifocal | $50.00 |
| Standard Lenticular | $80.00 |
| Progressive | $40.00 |
| Specialty Lenses | Corresponding Standard Lens Reimbursement |
| Frame | $45.00 |
| Contact Lenses (Elective) | $110.00 |
| Contact Lenses (Med. Necessary) | $250.00 |
| LASIK Surgery | $300.00 |

Avēsis
*A National Vision and Dental Company*

Underwritten by: Fidelity Security Life Insurance Company, Kansas City, MO  Policy #: VC-16, Form M-9059

www.avesis.com

# Your Avesis Vision Plan

## 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 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

**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.

Only one co-pay applies to either frame or lenses.

**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.

## Using your Vision Benefit

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

1. Select a provider
2. Contact provider for an appointment
3. Visit provider for service
4. Pay any co-pays or additional uncovered expenses

## Important Information

Avesis Website: **avesis.com**
Customer Service Number: **1-800-828-9341**
LASIK Provider Number: **1-888-314-4619**

## 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 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.

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