

Avesis Advantage Vision Care Plan

This plan is a vision PPO, where you receive the highest benefit when you use providers included in the plan's 'Preferred' network (In Network). You may use providers not in the plan's 'Preferred' network (Out of Network), but your out of pocket expenses will be greater.

		<i>In-Network Only</i>	<i>Out-of-Network Only</i>	
Frequency	Exam	Once per plan year	Once every 12 months	
	Lenses	Once per plan year	Once every 12 months	
	Frame	Once per plan year	Once every 12 months	
Copay	Examination	\$10 copay	Up to \$50 reimbursement	
	Optical Material (Lenses & Frame Combined)	\$0 copay	N/A	
Standard Spectacle Lenses	Single Vision	Covered-in-full	Up to \$33 reimbursement	
	Bifocal	Covered-in-full	Up to \$50 reimbursement	
	Trifocal	Covered-in-full	Up to \$60 reimbursement	
	Lenticulars	Covered-in-full	Up to \$110 reimbursement	
	Progressive	Uniform discounted fee schedule	Up to \$60 reimbursement	
	Len Tints & Coatings	Uniform discounted fee schedule	No benefit	
Frames		Covered up to \$100-\$150 retail value (\$50 wholesale cost allowance)	Up to \$50 reimbursement	
	Contacts (in lieu of frame/spectacle lenses)	Elective <i>Includes fit, follow-up and materials.</i>	10-20% discount and \$150 allowance	Up to \$150 reimbursement
Lasik/PRK		Medically Necessary	Covered-in-full	Up to \$300 reimbursement
			Up to \$600	Up to \$600 reimbursement
		Per Pay Period Premiums		
	Employee Only	\$1.84		
	Employee + Adult	\$5.97		
	Employee + Child	\$5.89		
	Family	\$7.43		

Avesis Discount Vision Care Program

If you do not enroll in the Avesis Advantage option you will be automatically enrolled in the Avesis Discount Program at no cost to you. This discount program provides substantial discounts on vision exams and corrective materials received from providers that are in the network. Providers not participating in the program will not honor any of the discounted fees.