

### Additional Options

Members receive 20% savings from Avesis participating provider's fees for those options (i.e. scratch coating, anti-reflective coating) that are not covered under the Avesis Vision Care Plus Vision Care Program.

### Additional Eyewear

After members have received their covered eyewear, additional eyewear savings may still be obtained at the Avesis participating provider offices at our already reduced discounted fee. The members would be responsible for payment of the discounted fees to the providers.

### Laser Vision Correction

Avesis Vision Care Plus offers members a onetime/lifetime LASIK allowance of \$100 or \$150, depending on which plan is selected (Enhanced or Plus). The allowance can be used either in or out-of-network, for one or both eyes. Staying in-network will ensure each member receives care from a surgeon that is experienced and highly-qualified. In addition, Avesis' national network of providers will discount their services prior to applying the LASIK allowance. The remaining charges are the responsibility of the member. Refractive surgery is an elective procedure and may involve potential risks to patients. Avesis is not responsible for the outcome of any refractive surgery.

### Eligibility

All employees, their spouses and unmarried children from birth to age 19 (or 25 if a full-time student) meeting the eligibility requirements of the employer are eligible for coverage.

### 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).

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

## 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 or vision training
- 2) Subnormal vision aids and any supplemental testing
- 3) Plano (non-prescription) lenses
- 4) Two pair of glasses in lieu of bifocal
- 5) Any medical or surgical treatment of eye disease or injury
- 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) Service or materials provided as a result of any Worker's Compensation Law, or similar legislation, required by any governmental agency 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.

Simply call Vince Thoma with your proposal request:  
1-800-869-5400 x171

You may also submit quote requests via e-mail to:  
vthoma@totalvisionservices.com

For more information, visit  
www.dentalcareplus.com

Marketed by:  
Dental Care Plus  
100 Crowne Point Place  
Cincinnati, OH 45241

This is a benefit summary only. For more information, see the Certificate of Insurance.

Benefits administrator and provider network:  
Avesis Third Party Administrators, Inc.  
3724 North Third Street, #300  
Phoenix, Arizona 85012

Underwritten by:  
Fidelity Security Life Insurance Company  
Kansas City, Missouri



Dental Care Plus • 100 Crowne Point Place  
Cincinnati, OH 45241



The Avesis Vision Care Plus  
*Vision Care Program*



## The Avesis Vision Care Plus Advantage

We understand that reliable vision insurance brings peace of mind and a feeling of health and well-being to our clients. That is why Avesis Vision Care Plus offers stand-alone, fully-insured vision plans that provide one of the industry's most comprehensive vision care programs.

### Why Should You Offer a Vision Program

Routine vision care is an important part of maintaining good health. Regular eye exams can detect a variety of serious conditions including glaucoma, cataracts, macular degeneration, ocular hypertension and diabetic retinopathy. With early detection and treatment many conditions can be corrected or minimized.

### FEATURES

**Excellent Customer Service.** Over 30 years of experience serving our clients and their employees.

**Network.** Avesis contracts with over 25,000 independent optometrists and ophthalmologists as well as large, national and regional retail vision centers.

**Member On-line Capabilities.** Members are able to search for providers; print ID cards; verify eligibility; and print claim forms.

### HOW TO ACCESS BENEFITS

Once enrolled in the vision program, members can:

1. Simply visit [www.avesis.com](http://www.avesis.com) or call Avesis' Customer Service Department to choose from a list of over 25,000 providers
2. Schedule appointments and identify themselves as Avesis members.
3. Present ID card; pay any applicable co-pays and any expenses not covered by the plan.

## Enhanced

The Enhanced Vision Plan provides excellent coverage for examinations, standard lenses and frames covered in full after the applicable co-pay.

- An annual examination is covered in full after the applicable co-pay.
- Standard single, bifocal, trifocal, or lenticular lenses are covered in full after the applicable co-pay.
- Frames are covered 100% within the plan allowance.
- Members can choose to receive a generous allowance toward the purchase of contacts instead of frames and spectacle lenses.
- Members receive a discount and a generous allowance toward laser vision correction.

### Benefit Frequency

	In-Network	Out-of-Network
Vision Exam	12 Months	12 Months
Standard Lenses	12 Months	12 Months
Frame	24 Months	24 Months
Contact Lenses	12 Months	12 Months

### Benefit Allowance and Reimbursement

	In-Network	Out-of-Network
Vision Exam	100% after co-pay	Reimbursed up to \$35
Standard Lenses		Reimbursed
Single Vision	100% after co-pay	up to \$25
Bifocal	100% after co-pay	up to \$40
Trifocal	100% after co-pay	up to \$50
Lenticular	100% after co-pay	up to \$80
Frame	Up to a \$35 wholesale allowance (\$75-\$100 approx. retail value)	Reimbursed up to \$45
Contact Lenses	\$110 allowance towards contact lens and fitting fee Allowance is applied after Preferred Discounts	Reimbursed up to \$110
Medically Necessary	Covered in full	up to \$250
Additional purchases, or add-ons to standard lenses	20% off retail fees	N/A
Laser Vision Correction	5% to 25% retail discount plus onetime \$100 allowance	\$100 allowance

## Plus

The Plus Vision Plan is the more comprehensive plan. This plan provides excellent coverage for examinations, standard lenses and a greater allowance for frames, after the applicable co-pay.

- An annual examination is covered in full after the applicable co-pay.
- Standard single, bifocal, trifocal, or lenticular lenses are covered in full after the applicable co-pay.
- Frames are covered 100% within the plan allowance.
- Members can choose to receive a generous allowance toward the purchase of contacts instead of frames and spectacle lenses.
- Members receive a discount and a generous allowance toward laser vision correction.

### Benefit Frequency

	In-Network	Out-of-Network
Vision Exam	12 Months	12 Months
Standard Lenses	12 Months	12 Months
Frame	24 Months	24 Months
Contact Lenses	12 Months	12 Months

### Benefit Allowance and Reimbursement

	In-Network	Out-of-Network
Vision Exam	100% after co-pay	Reimbursed up to \$35
Standard Lenses		Reimbursed
Single Vision	100% after co-pay	up to \$25
Bifocal	100% after co-pay	up to \$40
Trifocal	100% after co-pay	up to \$50
Lenticular	100% after co-pay	up to \$80
Frame	Up to a \$50 wholesale allowance (\$100-\$150 approx. retail value)	Reimbursed up to \$45
Contact Lenses	\$130 allowance towards contact lens and fitting fee Allowance is applied after Preferred Discounts	Reimbursed up to \$130
Medically Necessary	Covered in full	up to \$250
Additional purchases, or add-ons to standard lenses	20% off retail fees	N/A
Laser Vision Correction	5% to 25% retail discount plus onetime \$150 allowance	\$150 allowance

## Rates

The below rates are voluntary rates paid per month. Materials only, employer-sponsored, and other tier options are also available.

Policies and rates are guaranteed for two years.

### Voluntary Rates

	Co-pays		Rates	
<b>Enhanced Vision Plans</b>	Exam Co-pay	\$10	EO	\$7.33
	Materials Co-pay	\$10	E1	\$12.83
			EF	\$19.35
	Exam Co-pay	\$10	EO	\$6.53
	Materials Co-pay	\$25	E1	\$11.43
			EF	\$17.24
<b>Plus Vision Plans</b>	Exam Co-pay	\$10	EO	\$7.85
	Materials Co-pay	\$10	E1	\$15.65
			EF	\$23.74
	Exam Co-pay	\$10	EO	\$7.55
	Materials Co-pay	\$25	E1	\$14.51
			EF	\$21.89

### Out-of-Network Reimbursement

If an Avesis Vision Care Plus member chooses to receive services from a non-participating provider, the member would pay the provider and submit an itemized statement along with an Out-of-Network Claim Form to Avesis for reimbursement. Reimbursement amounts are according to the Out-of-Network Reimbursement Schedule. Co-pays do not apply to out-of-network services or materials.

The member must submit the claim within 3 months from the date of service. When filing a claim, the member must provide the following information: Member's ID number, Member's name, Patient's name, Patient's date of birth, Member's mailing address and their group number.

Out-of-Network benefits are subject to the same eligibility, availability, frequency of benefits and limitations and exclusion provisions of the plan and are in place of services provided by an Avesis participating provider.