

Marshalltown CSD

Group Number: 60790-269

Plan Number: 050130KZ



Member Copay		Frequency	
Vision Exam	N/A	Vision Exam	N/A
Materials Applies to frame or spectacle lenses, if applicable.	\$10.00	Lenses or Contact Lenses	Once every 12 months
		Frame	Once every 24 months

Vision Care Services	In-Network Benefits	Out-of-Network Reimbursement
Vision Exam		
Includes refraction	N/A	N/A
Contact Lens Fit and Follow-up (CLEFFU)		
Standard CLEFFU	N/A	N/A
Custom CLEFFU	N/A	N/A
Frame Allowance		
Up to 20% discount above frame allowance.*	Members receive a \$50 wholesale allowance, with a retail value of up to \$150	Up to \$45.00
Standard Spectacle Lenses		
Single Vision	Covered in full after materials copay	Up to \$25.00
Bifocal	Covered in full after materials copay	Up to \$40.00
Trifocal	Covered in full after materials copay	Up to \$50.00
Lenticular	Covered in full after materials copay	Up to \$80.00
Preferred Pricing Options Level 1 Lens Option Package		
Polycarbonate (Single Vision/Multi-Focal)	\$40/44 (Covered in full up to age 19)	N/A (\$10 - ages up to 19)
Standard Scratch-Resistant Coating	\$17.00	N/A
Ultraviolet Screening	\$15.00	N/A
Solid or Gradient Tint	\$17.00	N/A
Standard Anti-Reflective Coating	\$45.00	N/A
Level 1 Progressives	\$75.00	Up to \$40.00
Level 2 Progressives	\$110.00	Up to \$40.00
All Other Progressives	\$50 allowance + up to 20% discount	Up to \$40.00
Transitions® (Single Vision/Multi-Focal)	\$70/\$80	N/A
Polarized	\$75	N/A
PGX/PBX	\$40.00	N/A
Other Lens Options	Provider discount up to 20%	N/A
Contact Lenses†		
Elective	\$130.00 allowance	Up to \$110.00
Medically Necessary‡	Covered in full	Up to \$250.00
Refractive Laser Surgery		
Up to 25% provider discount.*	Lifetime \$150.00 allowance	Lifetime \$150.00

Rates

Please see your H.R. Department for Rates

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

LASIK Provider:
877-712-2010

* Discounts are not insured benefits.

† In lieu of frame and spectacle lenses.

‡ Prior authorization is required for medically necessary contacts.

Note: At participating Walmart, Sam's Club, and Costco locations, pricing varies per plan. Contact your HR department to learn more.

Underwritten by: Fidelity Security Life Insurance Company, Kansas City, MO
Insured benefits are administered by Avēsis Third Party Administrators, Inc., Phoenix, AZ
Policy #: VC-16, Form M-9059

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.

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. Avēsis 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.

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:
 - a. not specifically covered under this Rider;
 - b. provided free of charge in the absence of insurance
 - c. payable under any Workers' Compensation law or similar statutory authority
 - d. payable under governmental plan or program, whether Federal, state, or subdivisions thereof.