

# Vermeer Corporation

Group Number: 60796-1003  
Plan Number: 065130NZ-L3



Member Copay		Frequency	
Vision Exam	\$N/A copay	Vision Exam	Once every X months
Materials	\$25 copay	Lenses or Contact Lenses	Once every 12 months
Applies to frame or spectacle lenses, if applicable		Frame	Once every 24 months

## Rates

### Voluntary - Monthly

Employee Only:	\$ 4.00
Employee + Spouse:	\$ 8.67
Employee + Child(ren):	\$ 9.04
Employee + Family:	\$ 13.71

VISION CARE SERVICES	IN-NETWORK MEMBER COST*	OUT-OF-NETWORK REIMBURSEMENT
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## Vision Exam

Includes refraction	Covered in full after \$N/A copay	Up to \$35
Retinal Imaging	Up to \$45 member out-of-pocket (OOP)	N/A

## Frame Allowance

Up to 20% discount above frame allowance.*	Members receive a \$65 wholesale allowance or up to a \$175 retail value+	Up to \$55
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## Standard Spectacle Lenses

Single Vision	Covered in full after \$25 copay	Up to \$25
Bifocal	Covered in full after \$25 copay	Up to \$40
Trifocal	Covered in full after \$25 copay	Up to \$50
Lenticular	Covered in full after \$25 copay	Up to \$80

## 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
Ultra-Violet 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	\$50 allowance + up to 20% discount	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	Up to 20% discount*	N/A

## Contact Lenses ‡

Elective	\$130 allowance	Up to \$110
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
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## Here's How it Works

1. Find a provider at [www.avesis.com](http://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](http://www.avesis.com)

### Customer Service:

855-214-6777  
7 a.m. - 8p.m. EST

### LASIK Provider:

877-712-2010

### ^Hearing Provider:

844-366-0039 TTY:711

+Value may be less depending on the providers retail pricing.

\*Discounts are not insured benefits.

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

‡in lieu of frame and spectacle lenses.

¥Save up to 25% on average Lasik prices when you use Quasight (visit [avesis.quasight.com](http://avesis.quasight.com) 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 \$69.99.

Contact lens allowance available through 1-800-Contacts. Log in to member portal for more details.

Avēsis vision insurance products are underwritten by Fidelity Security Life Insurance Company® (FSL), Kansas City, MO, when insured by FSL. Approved by FSL. Approved by FSL 08/24. Administered by Avēsis. 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](http://www.avesis.com).

### **Termination Provisions**

The coverage will continue as long as the group policy remains in force, the premiums are paid, and as long as the employee and any covered dependents remain eligible and the employees coverage remains in force.

### **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, or both contact lenses and professional services (fitting fees). 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**

No benefits will be paid for services or materials connected with or charges arising from:

1. Orthoptic or vision training, subnormal vision aids, and any associated supplemental testing; Aniseikonic lenses;
2. Medical and/or surgical treatment of the eye, eyes, or supporting structures;
3. Any Vision Examination, or any corrective eyewear, required by an Employer as a condition of employment and safety eyewear, unless specifically covered under the Policy;
4. Services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether Federal, state, or subdivisions thereof;
5. Plano (non-prescription) lenses;
6. Non-prescription sunglasses;
7. Two pair of glasses in lieu of bifocals; or
8. Services or materials provided by any other group benefit plan providing vision care.

Lost or broken lenses, frames, glasses, or contact lenses will not be replaced except in the next Benefit Period when Vision Materials would next become available.

### **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.

Avēsis  
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