ACT

Group Number: 60790-1601
Plan Number: 050150CY1L6

Effective Date: 01/01/2026

Vision Care Services	In-Network Member Cost	Out-of-Network Reimbursement
Vision Examination		
Includes refraction	Covered in full after $10 copay	Up to $35
Retinal Imaging	Up to $45 member out-of-pocket (OOP) Maximum)	N/A
Materials	$10 copay (Materials copay applies to frame or spectacle lenses, if applicable.)	
Frame Allowance		
Up to 20% discount above frame allowance.*	Members receive a $50 allowance up to $150 wholesale retail value†	Up to $45
Standard Spectacle Lenses		
Single Vision	Covered in full after $10 copay	Up to $25
Bifocal	Covered in full after $10 copay	Up to $40
Trifocal	Covered in full after $10 copay	Up to $50
Lenticular	Covered in full after $10 copay	Up to $80
Preferred Pricing Options		
Polycarbonate (Single Vision/Multi-Focal)	**Level 6 Option Package** $40/$44	N/A
Standard Scratch-Resistant Coating	$17	N/A
Ultraviolet Screening	$!5	N/A
Solid or Gradient Tint	$17	N/A
Standard Anti-Reflective Coating	$45	N/A
Level 1 Progressives	Covered in full	Up to $40
Level 2 Progressives	Covered in full	Up to $48
All Other Progressives	$140 allowance + up to 20% discount	Up to $48
Plastic Photochromic (Single Vision/Multi-Focal)	$70/$80	N/A
Polarized	$75	N/A
PGX/PBX	$40	N/A
Other Lens Options	Up to 20% discount*	N/A
Contact Lenses (in lieu of frame and spectacle lenses)		
Elective	$150 allowance	Up to $128
Medically Necessary‡	Covered in full	Up to $250
Refractive Laser Surgery		
Up to 25% provider discount¥	Onetime/lifetime $150 allowance Provider discount up to 25%*	Onetime/lifetime $150 allowance
Frequency		
Eye Examination	Once every 12 months	
Lenses or contact lenses	Once every 12 months	
Frame	Once every 12 months	

Avēsis vision insurance products are underwritten by Fidelity Security Life Insurance Company® (FSL), Kansas City, MO, when insured by FSL. Approved by FSL date of 12/23. Administered by Avēsis. Policy # VC-16, Form M-9059.

Reliable & Dependable

Avēsis provides exceptional vision care benefits for millions of commercial members throughout the country.

The Avēsis vision care products give our members an easy-to-use vision benefit that provides excellent value and protection.

Rates

Employee Paid - Monthly	
Employee Only	$ 10.14
Employee + Spouse	$ 19.36
Employee + Child(ren)	$ 21.12
Employee + Family	$ 27.21

How can we help you?

Avēsis Website:
www.avesis.com

Customer Service:
855-214-6777
7 a.m. - 8 p.m. EST

LASIK Provider:
877-712-2010

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

*Discounts are not insured benefits.

‡Enhanced benefit for certain conditons.

¥Save up to 25% on average LASIK prices when you use Qualsight (visit qualsight.com/-avesis for more information).

†At participating Walmart/ Sam's locations, retail pricing for your plan is $68 .

At participating Costco locations, retail pricing is $54.99. .

Here's How It Works

When you need to see an eye care professional, simply visit **www.avesis.com** or contact Avēsis' Customer Service Monday through Friday, 7 a.m. to 8 p.m. (EST) at 855-214-6777 to receive a listing of providers in your area.

1 Select a provider

2 Make an appointment

3 Visit the provider for service

4 Pay any copays or additional expenses

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

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
1295 W. Washington Street
Suite 212
Tempe, AZ 85281