

Iowa Legal Aid

Group Number: 60790-2250
Plan Number: 150150CZ1L7



Member Copay		Frequency	
Vision Exam	\$10 copay	Vision Exam	Once every 12 months
Materials Applies to frame or spectacle lenses, if applicable.	\$10 copay	Lenses or Contact Lenses	Once every 12 months
		Frame	Once every 24 months

Vision Care Services	In-Network Member Cost*	Out-of-Network Reimbursement
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Vision Exam		
Includes refraction	Covered in full after \$10 copay	Up to \$35
Retinal Imaging	Up to \$45 member out-of-pocket (OOP) maximum	N/A

Contact Lens Fit and Follow-up (CLEFFU)		
Standard CLEFFU	Up to \$50 member OOP maximum	N/A
Custom CLEFFU	Up to \$75 member OOP maximum	N/A

Frame Allowance		
Up to 20% discount above frame allowance.*	\$150 allowance	Up to \$50

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
All Other Progressives	See below	See below

Preferred Pricing Options*	Level 7 Option Package	
Polycarbonate (Single Vision/Multi-Focal)	Covered in full	Up to \$10
Standard Scratch-Resistant Coating	Covered in full	Up to \$5
Ultraviolet 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†	Covered in full	Up to \$60
Premium Progressives	\$140 allowance + up to 20% discount	Up to \$70
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	Provider discount up to 20%	N/A

Contact 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 indemnity allowance	Onetime/lifetime \$150 indemnity allowance

Rates

Employee Paid - Monthly	
Employee Only	\$ 12.03
Employee + Spouse	\$ 23.11
Employee + Child(ren)	\$ 25.17
Employee + Family	\$ 32.40

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

Customer Service:
855-214-7777
7 a.m. - 8 p.m. EST

LASIK Provider:
877-712-2010

^Hearing Provider:
844-366-0039 TTY: 711

*Discounts are not insured benefits.

†In lieu of frame and spectacle lenses.

‡Enhanced benefit for certain conditions.

§Save up to 25% on average LASIK prices when you use Quallsight (visit quallsight.com/-avesis 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 \$84.99.