### Vision Care Services

<table>
<thead>
<tr>
<th>Vision Care Services</th>
<th>In-Network Member Cost</th>
<th>Out-of-Network Reimbursement</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Vision Examination</strong> (includes Refraction)</td>
<td>Covered in full after $10 copay</td>
<td>Up to $35</td>
</tr>
<tr>
<td><strong>Materials</strong></td>
<td>$10 copay</td>
<td></td>
</tr>
<tr>
<td>(Materials copay applies to frame or spectacle lenses, if applicable.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Frame Allowance</strong></td>
<td>Members receive a $50 wholesale allowance up to $150 retail value</td>
<td>Up to $45</td>
</tr>
<tr>
<td>(Up to 20% discount above frame allowance.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Standard Spectacle Lenses</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single Vision</td>
<td>Covered in full after $10 copay</td>
<td>Up to $25</td>
</tr>
<tr>
<td>Bifocal</td>
<td>Covered in full after $10 copay</td>
<td>Up to $40</td>
</tr>
<tr>
<td>Trifocal</td>
<td>Covered in full after $10 copay</td>
<td>Up to $50</td>
</tr>
<tr>
<td>Lenticular</td>
<td>Covered in full after $10 copay</td>
<td>Up to $80</td>
</tr>
</tbody>
</table>

#### Preferred Pricing Options

**Level 6 Lens Option Package**

- **Polycarbonate** (Single Vision/Multi-Focal): $40/$44 (Covered in full up to age 19) N/A (Up to $10 for ages up to 19)
- **Standard Scratch-Resistant Coating**: $17 N/A
- **Ultra-Violet Screening**: $15 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
- **Transitions®** (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**

- **Elective** (10% discount on amount exceeding allowance): $130 allowance Up to $110
- **Medically Necessory**: Covered in full Up to $250

**Refractive Laser Surgery**

- One-time/lifetime $150 allowance
- Provider discount up to 25%

### Plan Details

<table>
<thead>
<tr>
<th>Contribution</th>
<th>Voluntary</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Rates</strong></td>
<td></td>
</tr>
<tr>
<td>Eye Exam</td>
<td>Once every 12 month</td>
</tr>
<tr>
<td>Lenses</td>
<td>Once every 12 month</td>
</tr>
<tr>
<td>Frame</td>
<td>Once every 12 month</td>
</tr>
<tr>
<td>Contact Lenses</td>
<td>Once every 12 month</td>
</tr>
</tbody>
</table>

Discounts are not insured benefits.

*At participating Walmart/Sam's locations, retail pricing for your plan is $68. At participating Costco locations, retail pricing is $54.99.

**Prior Authorization is required for medically necessary contacts.**

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**About Avésis**

Avésis is a national leader in providing exceptional vision care benefits for millions of commercial members throughout the country. The Avésis vision care products give our members an easy-to-use wellness benefit that provides excellent value.

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**Policies and rates are guaranteed for 3 years.**

Underwritten by: Fidelity Security Life Insurance Company, Kansas City, MO
Policy #: VC-16, Form M-9059

**How can we help you?**

**Avésis Website:**
www.avesis.com

**Customer Service:**
800-828-9341
7:00 a.m. to 8:00 p.m. EST

**LASIK Provider:**
877-712-2010
HERE’S HOW IT WORKS
When you need to see an eye care professional, simply visit www.avesis.com or contact Avésis’ Customer Service Monday through Friday, 7:00 a.m. to 8:00 p.m. (EST) at 800-828-9341 to receive a listing of providers in your area.

SELECT A PROVIDER
MAKE AN APPOINTMENT
VISIT PROVIDER FOR SERVICE
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 Avésis 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 Avésis provider. Out-of-network claim forms can be obtained by contacting Avésis’ Customer Service Center or your group administrator, or by visiting www.avesis.com.

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 Avésis 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 pairs 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: not specifically covered under this Rider;
   a. provided free of charge in the absence of insurance
   b. payable under any Workers’ Compensation law or similar statutory authority
   c. payable under governmental plan or program, 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.

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. Avésis 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.

Insured benefits are administered by Avésis Third Party Administrators, Inc., Phoenix, AZ