

YOUR AVESIS VISION PLAN

GD Barri & Associates, Inc

Your vision health is an important part of complete wellness. Avesis is pleased to present your vision benefits which are designed to give you and your covered family members the care, value and service to help maintain good vision and overall health.

In-Network Benefits

Vision Examination **Your vision exam is covered in full after a co-pay.**

\$200* When choosing the frames and spectacle lenses package!
average retail

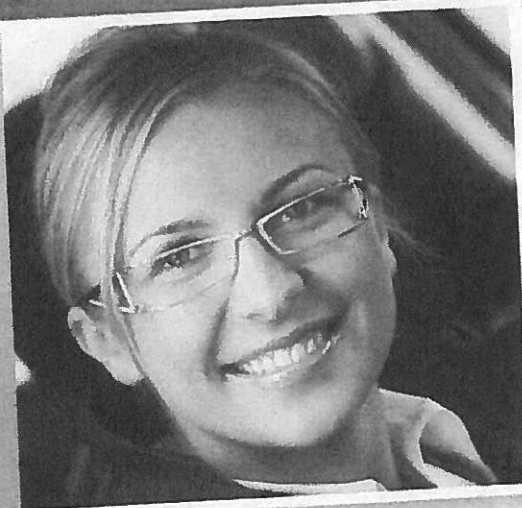
FRAMES

Providers typically charge between \$100 - \$150* for frames covered in full by your plan allowance.

AND

SPECTACLE LENSES

Standard lenses are covered in full. Providers typically charge between \$60 - \$120* for standard lenses.



Contact Lenses

In lieu of frames and spectacle lenses, members receive an allowance up to \$130 for materials and fit and follow-up exam

Medically necessary contact lenses are covered in full (prior authorization is required)

LASIK Surgery

Members receive a one-time/lifetime allowance of \$150

Additional Discounts

Progressive Lenses

Are discounted up to 20% off retail in addition to a \$50 allowance

Lens Options, Non-Covered Items and Additional Purchases

Are discounted up to 20% off retail

Specialty Lenses

Are discounted up to 20% off retail in addition to the corresponding standard lens allowance

LASIK Surgery

5% - 25% off retail

* Values provided may be more or less depending on the provider's retail pricing.

** Provider wholesale frame pricing for your plan is \$50. Participating Wal-Mart locations cover frames up to a \$68 retail value.

Avesis

A National Vision, Dental and Hearing Company
Underwritten by: Avesis, Phoenix, AZ Policy #: AA-1 Form AA-1

Valuable Savings
on Crizal Lenses

Ask your vision care provider about
the premium No-Glare lens

Crizal
Live Life in the Clear™

Group Details

Effective Date: 2/1/2021
Group Number: 11001-1551
Plan #: 914

Benefit Frequency

Every:
Vision Exam 12 Months
Spectacle Lenses 12 Months
Frames 24 Months
Contact Lenses 12 Months

Co-Pays

Vision Examination \$0.00
Materials \$0.00

Rates

Employee Paid Rates Per Month

Employee Only \$10.27
Employee + Spouse \$19.39
Employee + Child(ren) \$21.14
Employee + Family \$27.18

Out-of-Network Reimbursement

Up to:
Exam \$35.00
Standard Single Vision \$25.00
Standard Bifocal \$40.00
Standard Trifocal \$50.00
Standard Lenticular \$80.00
Progressive \$40.00
Specialty Lenses Corresponding Standard Lens Reimbursement
Frame \$45.00
Contact Lenses (Elective) \$130.00
Contact Lenses (Med. Necessary) \$250.00
LASIK Surgery \$150.00

www.avesis.com

Your Avesis Vision Plan

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 Avesis 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 of vision training; 2) Subnormal vision aids and any supplemental testing; 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 support 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; 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.

Notes and Disclaimers

Notes and Disclaimers: Dilation is covered in full based on the following conditions: central vision loss, photopsia, floaters, history of ocular surgery, history of ocular trauma, history of ocular disease high myopia or diabetes. If the following conditions do not apply, members will receive Avesis' Preferred Pricing (20% off retail).

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).

Laser vision correction is considered Refractive Surgery, an elective procedure, and may involve potential risks to patients. Avesis is not responsible for the outcome of any refractive surgery.

Only one co-pay applies to either frame or lenses.

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.

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

Using your Vision Benefit

When you need to see an eye care professional, simply visit www.avesis.com or contact Avesis' Customer Service Monday through Friday, 7AM to 8PM (EST) at 1-800-828-9341 to receive a listing of providers in your area.

1 Select a provider

3 Visit provider for service

2 Contact provider for an appointment

4 Pay any co-pays or additional uncovered expenses

Important Information

Avesis Website: avesis.com

Customer Service Number: **1-800-828-9341**

LASIK Provider Number: **1-888-314-4619**

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 Avesis 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 Avesis provider. Out-of-network claim forms can be obtained by contacting Avesis' Customer Service Center, your group administrator or by visiting www.avesis.com.

Avesis
A National Vision, Dental and Hearing Company



A National Vision and Dental Company

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AVESIS ADVANTAGE VISION CARE EMPLOYEE ENROLLMENT FORM

PLEASE PRINT LEGIBLY

Underwritten by Avesis Insurance Incorporated Phoenix, Arizona

TO BE COMPLETED BY THE EMPLOYEE

Employee Last Name, Employee First Name, MI, Date of Birth, Social Security Number, Sex, Street Address, Apartment No., City, State, Zip Code

Do you wish to cover your eligible dependents? Yes No

If yes, complete the following:

Table with columns: Spouse / Domestic Partner, Child, and Date of Birth. Includes sub-columns for First and Last names of dependents.

I would like to cover additional eligible dependents (PLEASE LIST ON A SECOND ENROLLMENT FORM)

I authorize deductions from my earnings at the required contributions towards the cost of the coverage. I certify that I am eligible to participate and that the above information is correct.

Signature, Date

AIIENRF

All-AVP1

By signing above, I understand that I must remain enrolled during the Benefit Plan period.

TO BE COMPLETED BY THE EMPLOYER

New Enrollment, Add, Change, Cancel Coverage options

Reason for Change: Employment Status, Qualifying Event

Requested Effective Date, Date of Employment