



TripleChoicePlan
Dental · Vision · Life · Disability

AVESIS

“ENHANCED” PPO Vision Plan

Low Option Plans

Advantage Plus Benefit Frequency & Plan Design

	<u>EXAMINATION</u>	<u>SPECTACLE LENSES</u>	<u>FRAME</u>	<u>CONTACT LENSES</u>
PLANS A, B & C	<i>12 months</i>	<i>12 or 24 months</i>	<i>12 or 24 months</i>	<i>12 or 24 months</i>

Advantage Plus Schedule of Benefits

	<u>IN-NETWORK</u>	<u>OUT-OF-NETWORK</u>
<u>EYE EXAMINATION</u>	Covered in full*	Reimbursed up to \$45.00
<u>Spectacle Lenses (pair)</u>		
-Standard Single Vision	Covered in full*	Reimbursed up to \$35.00
-Standard Bifocal	Covered in full*	Reimbursed up to \$45.00
-Standard Trifocal	Covered in full*	Reimbursed up to \$55.00
-Standard Lenticular	Covered in full*	Reimbursed up to \$120.00
-Progressive	20% off U&C, minus \$50 allowance* *after the stipulated co payment.	Reimbursed up to \$45.00
<u>Lens Options</u>	Preferred Pricing (20% off retail)	Reimbursed up to \$0.00
<u>Frame</u>	\$35 wholesale allowance (approx. retail of \$75 to \$100) *	Reimbursed up to \$40.00
<u>Contact Lenses</u>	<i>(In lieu of frame and spectacle lenses)</i>	
-Elective	\$110 allowance	Reimbursed up to \$110.00
-Medically Necessary	Covered in full (with prior authorization)	Reimbursed up to \$250.00
<u>LASIK Refractive Surgery Benefits</u>	<i>In lieu of all other services for one benefit year. This is a one-time, lifetime allowance. In Network Provider discount up to 25% plus \$100 allowance</i>	Reimbursed up to \$100.00

Plan Highlights

- ✓ Various Co Payment options available.
- ✓ National Provider Network available now including COSTCO
- ✓ Cosmetic Contact Lens allowance up to \$110.00 (In & Out of Network)
- ✓ Medically Necessary Contact Lenses covered in full with prior authorization (In Network)
- ✓ LASIK Refractive Surgery at Discounted Rates
- ✓ Mail Order Contact Lenses at Discounted Rates
- ✓ Progressive Lens benefit included
- ✓ Specialty Lens benefit included
- ✓ 20% Off Lens Extras (Tints, Scratch Coat, Anti-Reflective Coat, etc.)
- ✓ 20% Off Additional Eyewear
- ✓ Member Website Allows – Printing Replacement ID Cards, Verifying Eligibility, Searching for a Provider, Reviewing Plan Designs, Printing Claim Forms

Participation Requirements

- Policies and rates are guaranteed for two (2) years
- Employees enrolling in the VOLUNTARY group plan must maintain a minimum enrollment level of ten (10) lives and agree to remain enrolled during the designated plan period.
- Employees enrolling in the EMPLOYER SPONSORED group plan must maintain a minimum group size & participation of five (5) eligible employees. Groups with fewer than ten (10) eligible employees will be required to maintain eligibility and receive a monthly bill via On-line E-billing & Eligibility Maintenance Program.
- Employer sponsored plans assume a 75% employer contribution. And 100% participation.
- An employer contribution level of 50% is accepted if the benefits are tied to medical plan participation.

AVESIS – “ENHANCED” PPO Vision Plan

Employer Sponsored Plan Rates

For Groups of 5+

<u>PLAN A (12/12/12/12)</u> <u>ANNUAL CO-PAY'S:</u>	\$0 –EXAM \$0-MATERIALS	\$10 –EXAM \$0-MATERIALS	\$10 –EXAM \$10-MATERIALS	\$10-EXAM \$15-MATERIALS	\$10-EXAM \$25-MATERIALS
Employee Only	8.49	7.84	7.43	7.23	6.81
Employee + Spouse	14.87	13.71	13.00	12.64	11.93
Employee+ch(ren)	17.84	16.45	15.60	15.17	14.52
Employee + Family	22.08	20.37	19.31	18.79	17.72

<u>PLAN B (12/12/24/12)</u> <u>ANNUAL CO-PAY'S:</u>	\$0 –EXAM \$0-MATERIALS	\$10 –EXAM \$0-MATERIALS	\$10 –EXAM \$10-MATERIALS	\$10-EXAM \$15-MATERIALS	\$10-EXAM \$25-MATERIALS
Employee Only	7.32	6.76	6.40	6.23	5.88
Employee + Spouse	12.81	11.81	11.20	10.89	10.28
Employee+ch(ren)	15.37	14.19	13.44	13.08	12.35
Employee + Family	19.04	17.56	16.65	16.19	15.28

<u>PLAN C (12/24/24/24)</u> <u>ANNUAL CO-PAY'S:</u>	\$0 –EXAM \$0-MATERIALS	\$10 –EXAM \$0-MATERIALS	\$10 –EXAM \$10-MATERIALS	\$10-EXAM \$20-MATERIALS
Employee Only	6.81	6.28	5.96	NA
Employee + Spouse	11.92	10.99	10.43	NA
Employee+ch(ren)	14.31	13.19	12.51	NA
Employee + Family	17.71	16.35	15.48	NA

Voluntary Group Rates

For Groups of 10+

<u>PLAN A (12/12/12/12)</u> <u>ANNUAL CO-PAY'S:</u>	\$0 –EXAM \$0-MATERIALS	\$10 –EXAM \$0-MATERIALS	\$10 –EXAM \$10-MATERIALS	\$10-EXAM \$15-MATERIALS	\$10-EXAM \$25-MATERIALS
Employee Only	11.24	10.36	9.83	9.55	9.01
Employee + Spouse	21.23	19.59	18.56	18.05	17.04
Employee+ch(ren)	23.15	21.35	20.24	19.68	18.57
Employee + Family	24.77	27.45	23.03	25.32	23.89

<u>PLAN B (12/12/24/12)</u> <u>ANNUAL CO-PAY'S:</u>	\$0 –EXAM \$0-MATERIALS	\$10 –EXAM \$0-MATERIALS	\$10 –EXAM \$10-MATERIALS	\$10-EXAM \$15-MATERIALS	\$10-EXAM \$25-MATERIALS
Employee Only	9.68	8.93	8.47	8.24	7.77
Employee + Spouse	16.95	16.88	16.00	15.56	14.69
Employee+ch(ren)	19.95	18.40	17.44	12.72	16.01
Employee + Family	25.67	23.67	22.44	21.83	20.60

<u>PLAN C (12/24/24/24)</u> <u>ANNUAL CO-PAY'S:</u>	\$0 –EXAM \$0-MATERIALS	\$10 –EXAM \$0-MATERIALS	\$10 –EXAM \$10-MATERIALS	\$10-EXAM \$20-MATERIALS
Employee Only	9.00	8.31	7.88	NA
Employee + Spouse	17.03	15.69	14.88	NA
Employee+ch(ren)	18.55	17.11	16.23	NA
Employee + Family	23.87	22.01	20.87	NA

Additional plan designs and co payments are available upon request.