

Welcome to the

AVESIS VISION PLAN

City of Fargo

Join the millions of people who use Avesis to meet their vision care needs. This program has been specifically designed to provide you and your covered family members with quality, professional vision care, all at a tremendous savings to you!



Here are the benefits you receive from an Avesis network vision care provider:

PROCEDURE/MATERIALS	IN-NETWORK VISION BENEFITS & ALLOWANCES	
Vision Examination	Covered in full after \$10 copay.	
Frame	Any frame with approximate retail value of \$100 - \$150 is covered in full after \$10 materials copay. ^{1,2} Cost beyond the covered amount is discounted up to 20%. Applies to any frame in store. <small>1 Full coverage up to a \$50 wholesale frame allowance cost. 2 Frames from participating Wal-Mart locations are covered up to a \$68 retail value.</small>	
Spectacle Lenses	<ul style="list-style-type: none"> Standard Single Vision Standard (Lined) Bifocal Standard (Lined) Trifocal 	Covered in full after \$10 materials copay. <small>Maximum materials copay is \$10 if you purchase frame and lenses together.</small>
	<ul style="list-style-type: none"> Progressive (no-line) 	Up to 20% discount off retail price plus \$50 payment by Avesis.
	<ul style="list-style-type: none"> Specialty 	Up to 20% discount off retail price plus the corresponding standard lens payment.
Contact Lenses	\$130 allowance for materials and services. No copay. Payment is in lieu of benefits for spectacle lenses and frames. Plan pays for either contact lenses, or frame and spectacle lenses, but not both during the same benefit frequency period. If contacts are medically necessary, prior authorization is required in order to receive benefit.	
Lasik Surgery	\$150 one-time/lifetime allowance, plus discount listed below. Allowance is in lieu of all other services for the benefit year.	
Additional Discounts	<ul style="list-style-type: none"> Lens Options – up to 20% off Laser Vision Correction – 5% to 25% off laser correction from participating providers Additional Purchases – up to 20% off all additional purchases or items not covered 	
Benefit Frequency	<i>Procedure/Materials</i>	<i>Benefit is available every:</i>
	<ul style="list-style-type: none"> Vision Exam Spectacle Lenses Contact Lenses 	12 months
	<ul style="list-style-type: none"> Frames 	24 months
Out-of-Network Reimbursements	Spectacle Lenses Standard Single Vision \$25.00 Standard Lined Bifocal \$40.00 Standard Lined Trifocal \$50.00 Standard Lenticular \$80.00 Progressive \$40.00 Specialty Lenses: Corresponding Standard Lens Reimbursement	Contact Lenses Elective \$130.00 Medically Necessary \$250.00 Exam \$35.00 Frame \$45.00 Funded Lasik \$150.00 <small>Reimbursements are up to the dollar amounts listed.</small>
Rates	Employee Deduction per Month Employee Only \$10.50 Employee & Spouse \$19.84 Employee & Child(ren) \$21.64 Employee, Spouse & Child(ren) \$28.06	<p>Avesis</p> <p>A National Vision and Dental Company</p> <p>www.avesis.com</p>
Effective Date: January 1, 2014 Group Number: 50790-1224 Plan Number: 960		

HOW TO USE YOUR BENEFITS

When you need to see an eyecare professional, simply call Avesis, Monday through Friday, 7AM to 5PM (MST) at 800-828-9341 or visit www.avesis.com. Avesis' Customer Service Representatives and the website have the most current listing of participating providers.

1. Select a participating provider.
2. Call and identify yourself as an Avesis member.
3. Schedule an appointment.
4. Present your ID card and pay any copays and expenses not covered under the vision program.

LOOKING FOR A LASIK PROVIDER?

Avesis has contracted with participating providers to provide significant discounts for LASIK surgery. You may call 888-314-4619 for additional information or to locate a participating provider, if any, in your area.

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 or 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.

OUT-OF-NETWORK INFORMATION

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 service provided by a participating Avesis provider. Out-of-network claims forms can be obtained by contacting the Avesis Customer Service Center, your group administrator or at www.avesis.com.

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 copay 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.

Avesis

A National Vision and Dental Company

Customer Service: 800-828-9341
www.avesis.com

Underwritten by Fidelity Security Life Insurance Company, Kansas City, MO. Policy #: VC-16, Form M-9059
Insured benefits are administered by Avesis Third Party Administrators, Inc., Phoenix, AZ