



# Welcome to Your Avēsis Vision Plan!

## State of Kansas

Avēsis is a leading managed care vision insurance company. Providing outstanding customer service has been our top priority for over 40 years, and our core values help us deliver innovative and valued benefit programs to our members. A strong provider network, a user-friendly website for member self-service, and LASIK benefits make this a plan you can keep. Don't lose sight of all the good when you can see it with Avēsis.

### Your Website: [www.avesis.com/kansas](http://www.avesis.com/kansas)

Here are just a few of the things you can do easily on the member portal:

- Print ID cards – though you never need to present your idea to get benefits
- Submit claims and check status – faster, easier, and greener because it's paperless
- View benefit summaries and eligibility – your full range of benefits at your fingertips
- Search for providers – by mile radius, provider name, city, state, gender, and more
- Order glasses online – shipped to your door, free
- Order contact lenses online – shipped to your door
- Find LASIK providers – and schedule your surgery

2024 Monthly Rates	Basic	Enhanced
Employee Only	\$2.88	\$5.84
Employee & Spouse	\$5.84	\$10.80
Employee & Child(ren)	\$6.32	\$12.70
Family	\$8.68	\$16.36
Direct Bill Retiree Eligible Member (Single)	\$2.88	\$5.84

Customer Care Center: 855-249-6317

### Participating Retailers

Avēsis participates with many of the nation's top retailers such as Walmart, Sam's Club, and Costco. Materials are covered up to the plan allowances depending on the plan selection, with any overage being a member responsibility.

### Healthy Vision In Sight

Got a question about how you can improve your chances to have healthy vision for life? Try our interactive site, with downloadable flyers and a fun quiz to teach you more about vision.

### Avēsis Vision Delivered

Order frames and lenses from the comfort of your couch. Free shipping and free returns make this a risk-free experience for our members. Choose state-of-the-art coatings and materials, upload your prescription (or fill it in yourself), and your eyes are the prize.

### LASIK

Save money on LASIK surgery from QualSight. Choosing a QualSight provider can save you up to 25 percent on the average costs and includes exams, post-op visits, and more. You can even use your FSA or HSA dollars!

### Contact Lenses

As a member, you get even more savings on Contact Lenses. Use your vision insurance at 1-800 Contacts. Combine your vision benefits with free shipping, best-price guarantee, and 24/7 customer service for extra savings. (Contact Lenses purchased online by Non Network mail order provider are provided at Non Network level)

Vision Care Services	Basic Plan Network	Enhanced Plan Network	Non Network
<b>Vision Exam</b>			
Vision Exam includes Refraction	Covered in full after \$50 copay	Covered in full after \$50 copay	Up to \$38
<b>Contact Lens Fit and Follow-up (CLEFFU)*</b>			
Standard CLEFFU	Member pays up to \$35	Member pays up to \$35	Not covered
Custom CLEFFU	10% off retail price minus \$55 allowance	10% off retail price minus \$55 allowance	Up to \$39
<b>Frame</b>			
Frame Allowance	\$100 allowance	\$150 allowance	Basic: Up to \$45; Enhanced: Up to \$78
<b>Standard Spectacle Lenses</b> Materials: \$25 copay (Applies to frame or spectacle lenses, if applicable.)			
Single Vision	Covered in full after \$25 copay	Covered in full after \$25 copay	Up to \$31
Bifocal	Covered in full after \$25 copay	Covered in full after \$25 copay	Up to \$51
Trifocal	Covered in full after \$25 copay	Covered in full after \$25 copay	Up to \$64
Lenticular	Covered in full after \$25 copay	Covered in full after \$25 copay	Up to \$80
<b>Lens Options</b>			
Polycarbonate (Single Vision/Multi-Focal)	Member pays up to \$40	Covered in full	Basic: Not covered; Enhanced: Up to \$14
Standard Scratch-Resistant Coating	Member pays up to \$15	Covered in full	Basic: Not covered; Enhanced: Up to \$7
Ultraviolet Screening	Member pays up to \$15	Covered in full	Basic: Not covered; Enhanced: Up to \$7
Solid or Gradient Tint	Member pays up to \$17	Member pays up to \$17	Not covered
Standard Anti-Reflective Coating	Member pays up to \$45	Member pays up to \$45	Not covered
Progressives	Not covered	\$165 allowance	Basic: Not covered; Enhanced: Up to \$84
High-Index Lenses	Not covered	\$116 allowance	Basic: Not covered; Enhanced: Up to \$39
Transitions® (Single Vision/Multi-Focal)	Member pays up to \$70/\$80	Member pays up to \$70/\$80	Not covered
Polarized	Member pays up to \$75	Member pays up to \$75	Not covered
PGX/PBX	Member pays up to \$40	Member pays up to \$40	Not covered
Other Lens Options <sup>†</sup>	Provider discount up to 20%	Provider discount up to 20%	Not covered
<b>Contact Lenses<sup>‡</sup></b>			
Elective	\$150 allowance	\$150 allowance	Up to \$105
Medically Necessary <sup>§</sup>	Covered in full	Covered in full	Up to \$105
<b>Refractive Laser Surgery</b>			
Up to 25% provider discount. <sup>  </sup>	\$150 onetime/lifetime allowance	\$150 onetime/lifetime allowance	\$150 onetime/lifetime allowance
<b>Frequency</b>			
Vision Exam	Covered once every calendar year		
Frame	Covered once every calendar year		
Spectacle Lenses	Covered once every calendar year, unless contact lenses are selected		
Contact Lenses	Covered once every calendar year, unless spectacle lenses are selected		

\* Contact lens fit and up to two (2) follow up visits covered once a comprehensive eye exam has been completed. For typical standard lens wearers include disposable, daily wear or extended wear lenses. For typical specialty lens wearers include toric, gas permeable and multi-focal lenses.

<sup>†</sup> All services not listed up to 20% off of retail. Discounts do not apply at certain providers including Walmart, Sam's Club, and Costco locations.

<sup>‡</sup> In lieu of spectacle lenses.

<sup>§</sup> Prior authorization is required for medically necessary contacts.

<sup>||</sup> Save up to 25% on average LASIK prices when you use Quasight.

Note: Your first eye exam each year is covered at 100% if you are enrolled in any of the SEHP Active employee medical plans and you use a Network provider. You will need to present your medical card to your provider at the time of the service to receive your full benefit.

Note: Members may use their benefit for contact lenses OR spectacle lenses once (1) per year, however the members frame allowance can still be used if contact lenses are elected

## Value Add Services

- Top Retail providers are in Network – Walmart, Costco, Sam's, Target etc.
- Hearing aids are discounted through Amplifon
- LASIK is up to 25 percent off the average cost with Quallsight
- Contact lens fitting does not come out of allowance
- Avēsis Vision Delivered lets you shop for glasses at home
- Additional discounts available\*
- Members have full plan year to use contact lens allowance
- Retinal Imaging is available for a member preferred price
- Up to 20% off remaining frame balance
- Up to 10% off remaining contact lens balance

Underwritten by: Fidelity Security Life Insurance Company, Kansas City, MO  
Insured benefits are administered by Avēsis Third Party Administrators, Inc., Phoenix, AZ

### Using Non Network Providers

Members who elect to use an non network provider must pay the provider in full at the time of service and submit a claim to Avēsis for reimbursement. Reimbursement levels are in accordance with the non network reimbursement schedule previously listed. Non 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 Avēsis provider. Non network claim forms can be obtained by contacting Avēsis' Customer Service Center or your group administrator, or by visiting [www.avesis.com](http://www.avesis.com).

### Termination Provisions

The group will determine the date of coverage and report that date to Avēsis within the enrollment file.

### 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. Avēsis 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.

### 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 Avēsis 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 pair 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:
  - a. not specifically covered under this Rider;
  - b. provided free of charge in the absence of insurance
  - c. payable under any Workers' Compensation law or similar statutory authority
  - d. payable under governmental plan or program, whether Federal, state, or subdivisions thereof.

\* See plan certificate for details