

State of Kansas

Basic Plan



Effective Date: January 1, 2024

| Frequency | | 2024 Basic Monthly Rates | |
|------------------|--|--|--------|
| Vision Exam | Covered once every calendar year | Employee Only | \$2.88 |
| Frame | Covered once every calendar year | Employee & Spouse | \$5.84 |
| Spectacle Lenses | Covered once every calendar year, unless contact lenses are selected | Employee & Child(ren) | \$6.32 |
| Contact Lenses | Covered once every calendar year, unless spectacle lenses are selected | Family | \$8.68 |
| | | Direct Bill Retiree Eligible Member (Single) | \$2.88 |

Here's How It Works

1. Find a provider at www.avesis.com.
2. Make an appointment.
3. Visit the provider for service.
4. Pay any copays or additional expenses.

How can we help you?

Website:

www.avesis.com/kansas

Customer Service:

855-249-6317

LASIK Provider:

877-712-2010

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

*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. (Contact Lenses purchased online by Non Network mail order provider are provided at Non Network level)

†All services not listed up to 20% off of retail. Discounts do not apply at certain providers including Wal-mart, Sam's Club, and Costco locations.

‡In lieu of spectacle lenses.

§Prior authorization is required for medically necessary contacts.

¶Save up to 25% on average LASIK prices when you use Quasight (visit quasight.com/-avesis for more information).

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
- Avesis 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

*see plan certificate for details

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

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

Termination Provisions

The group will determine the date of coverage and report that date to Avësis 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. Avësis 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 Avësis 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.

Avësis
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