

State of Kansas

Enhanced Plan



Effective Date: January 1, 2024

Frequency		2024 Enhanced Monthly Rates	
Vision Exam	Covered once every calendar year	Employee Only	\$5.84
Frame	Covered once every calendar year	Employee & Spouse	\$10.80
Spectacle Lenses	Covered once every calendar year, unless contact lenses are selected	Employee & Child(ren)	\$12.70
Contact Lenses	Covered once every calendar year, unless spectacle lenses are selected	Family	\$16.36
		Direct Bill Retiree Eligible Member (Single)	\$5.84

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.

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	\$150 allowance	Up to \$78
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)	Covered in full	Up to \$14
Standard Scratch-Resistant Coating	Covered in full	Up to \$7
Ultraviolet Screening	Covered in full	Up to \$7
Solid or Gradient Tint	Member pays up to \$17	Not covered
Standard Anti-Reflective Coating	Member pays up to \$45	Not covered
Progressives	\$165 allowance	Up to \$84
High-Index Lenses	\$116 allowance	Up to \$39
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

How can we help you?

Website:

www.avesis.com/kansas

Customer Service:

855-249-6317

LASIK Provider:

877-712-2010

*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 Quallsight (visit quallsight.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 Avēsis 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 Avēsis 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 Avēsis provider. Out-of-network claim forms can be obtained by contacting Avēsis' 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 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.

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