

	Avesis Low Option	Avesis Mid Option	Avesis High Option
Plan	\$130/\$130 (L1)	\$130/\$130 (L3)	\$130/\$130 (L5)
Schedule of Benefits			
Eye Exam	\$10.00	\$0.00	\$0.00
Contact lens Exam - Standard	\$50.00	\$50.00	\$50.00
Contact lens Exam - Specialty	\$75.00	\$75.00	\$75.00
Materials CoPay	\$10.00	\$0.00	\$0.00
Exam Frequency	12 Months	12 Months	12 Months
Lens Frequency	12 Months	12 Months	12 Months
Frame Frequency	24 Months	12 Months	12 Months
Contact Lens Frequency	12 Months	12 Months	12 Months
Lenses (standard)			
Single Vision	Covered in Full	Covered in Full	Covered in Full
Bifocal	Covered in Full	Covered in Full	Covered in Full
Trifocal	Covered in Full	Covered in Full	Covered in Full
Lenticular	Covered in Full	Covered in Full	Covered in Full
Polycarbonate -Child	Covered in Full	Covered in Full	Covered in Full
Polycarbonate - Adult	20% Discount	Covered in Full	Covered in Full
Standard Scratch Resistant Coating	20% Discount	Covered in Full	Covered in Full
Ultra-Violet Screening	20% Discount	Covered in Full	Covered in Full
Solid or Gradient Tint	20% Discount	Covered in Full	Covered in Full
Standard Anti-Reflective Coating	20% Discount	Covered in Full	Covered in Full
Standard Progressive	20% Discount	20% Discount	Covered in Full
Premium Progressive	20% Discount	20% Discount	20% Discount
Frames	\$130 Retail Allowance	\$130 Retail Allowance	\$130 Retail Allowance
Contact Lenses	\$130 Retail Allowance	\$130 Retail Allowance	\$130 Retail Allowance
Lasik	Up to 25% off lowest fee plus \$150 Reimbursement	Up to 25% off lowest fee plus \$150 Reimbursement	Up to 25% off lowest fee plus \$150 Reimbursement
Out of Network Benefits			
Exam	\$45.00	\$45.00	\$45.00
Lenses (SV, Bifocal, Trifocal)	\$40/\$60/\$80	\$40/\$60/\$80	\$40/\$60/\$80
Polycarbonate -Child	\$10.00	\$10.00	\$10.00
Polycarbonate - Adult	N/A	\$10.00	\$10.00
Standard Scratch Resistant Coating	N/A	\$5.00	\$5.00
Ultra-Violet Screening	N/A	\$6.00	\$6.00
Solid or Gradient Tint	N/A	\$4.00	\$4.00
Standard Anti-Reflective Coating	N/A	\$24.00	\$24.00
Standard Progressive	N/A	N/A	\$40.00
Premium Progressive	N/A	N/A	N/A
Non-Network Frame Benefit	\$55.00	\$55.00	\$55.00
Non-Network Contact Lens Benefit	\$110.00	\$110.00	\$110.00
Monthly Rates			
Employee Only	\$5.90	\$9.80	\$11.00
Employee + One Dependent	\$11.00	\$19.00	\$21.08
Employee + Two or More	\$17.00	\$29.00	\$32.34