

## 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 form 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 services provided by a participating Avesis provider.

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. Orthoptic or vision training
2. Subnormal vision aids and any associated 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 or program whether Federal, State or subdivision thereof

### 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.

Simply call us with your  
proposal request:  
1-800-935-2009

Or fax your request to our sales team:  
1-317-578-7315

You may also submit quote requests  
via e-mail to: [sales@grouplinktpa.com](mailto:sales@grouplinktpa.com)

For more information, visit  
[www.grouplinktpa.com/vision](http://www.grouplinktpa.com/vision)

Marketed by:  
GroupLink, Inc.  
6612 East 75th Street, Suite 200  
Indianapolis, IN 46256

This is a benefit summary only. For more  
information, see the Certificate of Insurance.

Benefits administrator and provider network:  
Avesis Third Party Administrators, Inc.  
3724 North Third Street, #300  
Phoenix, Arizona 85012

Underwritten by:  
Fidelity Security Life Insurance Company  
Kansas City, Missouri



GroupLink • 6612 E. 75th Street Suite 200  
Indianapolis, IN 46250



**The GroupLink Advantage**

*Vision Care  
Program*



## The GroupLink Advantage

We understand that reliable vision insurance brings peace of mind and a feeling of health and well-being to our clients. That is why GroupLink offers a stand-alone, fully-insured vision program that provides the industry's most comprehensive vision care program.

### Why Should You Have a Vision Program

- To maintain healthy eyes
- To protect yourself and your family

### FEATURES

**Excellent Customer Service.** Over 30 years of experience serving our clients and their employees.

**Network.** Avesis contracts with thousands of independent optometrists and ophthalmologists as well as large, national and regional retail vision centers.

**On-line Capabilities.** Employees are able to search for providers; print ID cards; check status of claims; verify eligibility; and print claim forms.

**Rate Guarantees.** Rates are guaranteed for up to twenty-four months from the effective date.

### HOW TO ACCESS BENEFITS

Once enrolled in the vision program, simply:

- Call the Avesis provider, identify yourself as an Avesis participant and make an appointment.
- Show your ID card to the provider.
- Pay any co-pays directly to the provider.

### ROUTINE VISION EXAMINATIONS

Routine vision care is an important part of maintaining good health. Regular eye exams can detect a variety of serious conditions including glaucoma, cataracts, macular degeneration, ocular hypertension and diabetic retinopathy. With early detection and treatment many conditions can be corrected or minimized.

All plans are governed by form number M-9004 Policy No. VC16.

## Avesis Advantage Vision Plans

The Avesis Advantage **Enhanced** and **Plus** Vision Plans provide excellent coverage for your vision wellness needs.

Services   Materials	Enhanced Plan	Plus Plan						
<b>Vision Exam</b>	Covered in full*	Covered in full*						
<b>Spectacle Lenses</b>								
Standard Single Vision	Covered in full*	Covered in full*						
Standard Bifocal	Covered in full*	Covered in full*						
Standard Trifocal	Covered in full*	Covered in full*						
Standard Lenticular	Covered in full*	Covered in full*						
Progressive Lenses	20% retail discount, plus a \$50 allowance	20% retail discount, plus a \$50 allowance						
Specialty Lenses	20% retail discount, plus the corresponding lens payment	20% retail discount, plus the corresponding lens payment						
<b>Frame</b>	Approximate retail value of \$75-\$100 \$35 wholesale allowance	Approximate retail value of \$100-\$150 \$50 wholesale allowance						
<b>Contact Lenses**</b>	\$110 allowance (elective) Covered in full (medically necessary)	\$130 allowance (elective) Covered in full (medically necessary)						
<b>Lens Options</b>	20% retail discount	20% retail discount						
<b>Additional Purchases</b>	Unlimited 20% retail discount	Unlimited 20% retail discount						
<b>Laser Vision Correction</b>	5% to 25% retail discount plus a \$100 onetime/lifetime allowance	5% to 25% retail discount plus a \$150 onetime/lifetime allowance						
* after co-pay ** no co-pay for contact lenses								
Benefit Frequency	Monthly Rates				Monthly Rates			
	\$10/\$10	\$10/\$10	\$10/\$25	\$10/\$25	\$10/\$10	\$10/\$10	\$10/\$25	\$10/\$25
	Emp Paid	Vol	Emp Paid	Vol	Emp Paid	Vol	Emp Paid	Vol
Vision Exam 12 Months	EO \$5.54	\$7.33	\$5.04	\$6.66	EO \$6.33	\$8.37	\$5.83	\$7.71
Spectacle Lenses 12 Months	E1 \$9.70	\$12.82	\$8.82	\$11.66	E1 \$11.08	\$14.65	\$10.20	\$13.49
Frame 24 Months	EF \$14.41	\$19.05	\$13.10	\$17.33	EF \$16.46	\$21.77	\$15.15	\$20.04
Contact Lenses 12 Months								
<b>Out-of-Network Reimbursement</b>								
Vision Examination	\$35	Frame	\$45		Frame	\$45		
Standard Single Vision	\$25	Contact Lenses	\$110		Contact Lenses	\$130		
Standard Bifocal	\$40	Lens Options	N/A		Lens Options	N/A		
Standard Trifocal	\$50	Additional Purchases	N/A		Additional Purchases	N/A		
Standard Lenticular	\$80	Laser Vision Correction	\$100		Laser Vision Correction	\$150		
Progressive Lenses	\$40							
Specialty Lenses	Corresponding Standard Lens Reimbursement							