



Healthy Choices Benefit Plans

## Shelf Vision Rates

For Employers with 2 - 99 Eligible Employees

Not available in the following States:

Arkansas, Idaho, New York & Washinaton 

Rates valid through effective dates up to 1/1/2017

Prepared by: **Avēsis**  
*A National Vision, Dental and Hearing Company*



# VISION PROPOSAL

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# ABOUT AVESIS

## INTRODUCTION

### Thank you for considering Avesis to handle your Client's Vision Care Needs

Avesis Incorporated, a Delaware corporation, is headquartered in Phoenix, Arizona. Avesis has executive offices in Maryland with regional sales offices in Massachusetts, Georgia, Minnesota, Texas, Indiana, Florida and Iowa. Founded in 1978, Avesis is a specialty healthcare company providing Vision and Dental Care programs to millions of members throughout the country.

Our Vision programs are designed to reduce sponsor and participant costs by delivering benefits and services through Avesis organized networks of providers. Participating optometrists, ophthalmologists, and opticians have agreed to accept significantly reduced fees for their services and products. These reduced fees are passed on to sponsors and participants by way of fully funded managed care plans, fully insured stand alone plans and fee-for-service discount programs. Sponsoring organizations include BlueCross BlueShield organizations, insurance carriers, HMO's, municipalities, unions and thousands of corporations.

The continued upward spiral in health care costs has challenged sponsors, providers and payers of health benefits to deliver high quality care without collapsing under cost overload. The Avesis benefits menu has been created to meet that challenge by making available quality professional vision services at the lowest possible price.

Avesis offers flexible plan designs to our brokers and consultants introducing a product that is scalable to meet the needs of any organization. We are constantly improving the vision benefit experience through innovative online tools. We invite you to compare our high benefit levels, low premiums, robust provider network and ease of administration in your efforts to provide valuable employee benefits to your clients.

# AVESIS BENEFITS

## EYE EXAMINATION

After the applicable examination co-payment is met, members are entitled to a comprehensive vision examination by a qualified Avesis provider. If a patient has no specific complaint but wants a brief, routine check-up, the provider may perform a limited or intermediate exam. Dilation is covered in full based on the following criteria only: central vision loss, photopsia, floaters, history of ocular surgery, history of ocular trauma, history of ocular disease, high myopia or diabetes. If these conditions do not apply, the member is responsible for paying the provider directly. The member will receive Avesis Preferred Pricing for the dilation.

### The following is a summary of what is included in the examination:

Case history, including chief complaint and/or reason for visit; patient medical/eye health history and record of current medications; record of visual acuities with and without present correction, if applicable; pupil responses; external exam findings; internal exam findings; screening of visual fields perception; present prescription; retinoscopy, when applicable; subjective refraction at far and near point; binocular and ocular mobility testing; test of accommodation and/or near point refraction; tonometry, when applicable; diagnosis/prognosis; and specific recommendations.

## FRAMES

The Avesis program is designed to give each member a frame covered in full. To take advantage of the 100% covered frame, members must stay within an allowance set by their plan type. In some cases, a materials copayment may apply.

The program does not limit the frame selection to specific models, designers or price points. Members

have the freedom to select any frame from a participating provider's office.

In the event the member exceeds their plan's designated frame allowance, they will pay a reduced out-of-pocket fee which will be substantially less than the full retail cost of the frame.

Since retail pricing is vastly varied from provider to provider, Avesis uses a fixed wholesale price model for frame allowances. Wholesale costs are determined by the manufacturer and are not subject to the arbitrary two to three (2-3) time mark-up of the provider's retail office. This allows Avesis to control cost and pass the savings onto our members regardless of their geographic location.

## SPECTACLE LENSES

When the provider prescribes vision correction, the plan includes the necessary optical materials and professional services connected with ordering, fabrication, fitting and adjusting of these materials.

After the applicable materials co-payment is met, members are entitled to a pair of standard single vision, bifocal, trifocal or lenticular lenses, **covered in full**. Lenses are available in plastic or glass (includes FDA hardening) FT25, FT28, RD22 and FT7 X 28 all powers up to +/- 7.00SPH and 4.25 cylinder and up to +4.00D add.

Participants may choose non-standard lenses or lens characteristics that are not necessary for their visual welfare but are desired for cosmetic reasons. Members electing specialized lens options (i.e. polycarbonate, Hi-Index, etc.), will receive Avesis' Preferred Pricing minus the standard lens plan payment.

Add-ons to standard lenses such as scratch coating, UV protection, tints, etc. are all available at Avesis' Preferred Pricing.

# AVESIS BENEFITS

## CONTACT LENSES

### Elective Contact Lenses

Members may choose elective contact lenses in lieu of the frame and spectacle lens benefits. Members can use their allowance all at once or throughout the plan year, as needed. The allowance can be applied toward the purchase of contact lenses only, contact lenses and the fitting fee or the fitting fee can be purchased separately. Co-pays do not apply to the elective contact lens benefit.

### Medically Necessary Contact Lenses

Medically necessary contact lenses are covered in full, in lieu of frame and spectacle lenses. The following are some of the conditions that constitute eligibility for medically necessary contact lenses: following cataract surgery; certain conditions of Anisometropia and/or Keratoconus; or to correct extreme visual conditions that cannot be corrected with spectacle lenses. Medically necessary contact lenses require prior authorization from Avesis. Co-pays do not apply to the medically necessary contact lens benefit.

## LASIK

Avesis offers members a one-time/lifetime LASIK allowance of \$100 or \$150 depending on which program is selected (Enhanced or Plus). The allowance can be

used either in or out-of-network. Staying in-network will ensure each member receives care from a surgeon that is experienced and highly-qualified. In addition, Avesis' national network of providers will discount their services prior to applying the LASIK allowance.

The discount for members range based on the wide spectrum of the participating surgeon's price points. By basing the price paid by the member on each surgeon's lowest advertised price, less the designated discount and allowance, Avesis can ensure that members always obtain significant savings on [LASIK services](#). Members who utilize the LASIK benefit forfeit all other benefits for that plan period.

## LASIK RIDER

As an elective option, Avesis offers a funded LASIK rider in the amounts of \$300 or \$600 on a one-time/lifetime basis. Avesis will apply the allowance toward the cost of LASIK surgery for one or both eyes. This service will take the place of all other benefits for that plan period. Any remaining charges for LASIK services remain the responsibility of the member.

**NOTE:** *Refractive surgery is an elective procedure and may involve potential risks to patients. Avesis is not responsible for the outcome of any refractive surgery.*

## ADDITIONAL SAVINGS

Items not covered and additional purchases after the member's benefits have been exhausted are available on an **unlimited basis** at Avesis Preferred Pricing. The Preferred Pricing is an average savings of 20% off of the provider's usual and customary fees. The member is responsible for payment of the discounted fees to the participating provider at the time of service. The Avesis Preferred Pricing is only available if a participating Avesis provider is used.

# AVESIS BENEFITS

## OUT-OF-NETWORK

Avesis offers its members a better value when using its network of providers. However, Avesis offers reimbursement for out-of-network examinations, spectacle lenses (pair) and frame, contact lenses or LASIK. Reimbursement is not available for cosmetic options such as tints, scratch coating, UV protection, etc. 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 Avesis for reimbursement. Reimbursement is made in accordance with the proposed out-of-network reimbursement schedule.

Out-of-network claim forms can be obtained by visiting [www.avesis.com](http://www.avesis.com) for a downloadable version, by contacting the Group's Administrator or by contacting Avesis' Customer Service Center.

Co-payments are not applicable to out-of-network benefits. Out-of-network benefits are subject to the same eligibility, availability, frequency of benefits, limitation and exclusion provisions of the plan; and are in lieu of services provided by a participating Avesis provider.

### Members find our Plans easy to use

- Simply visit [www.avesis.com](http://www.avesis.com) or call Avesis' Customer Service Department to choose from a list of over 25,000 providers.
- Schedule appointments and identify themselves as Avesis members.
- Pay any applicable co-payments and any expenses not covered by the plan.

#### Guarantee

Policies and rates are guaranteed for two (2) years

#### Group Size

**Employer Paid** - Minimum group size & participation of five (5) eligible employees

**Voluntary Groups** - Minimum group size & participation of ten (10) eligible employees

## LIMITATIONS AND EXCLUSIONS

The managed vision 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 Avesis participating provider. Benefits are payable only for expenses incurred while the group and individual member's coverage is in force.

There are no benefits under the vision plan for professional services or materials connected with and arising from:

- Orthoptics or vision training;
- Subnormal vision aids and any associated supplemental testing;
- Plano (non-prescription) lenses or Plano sunglasses;
- Two pair of glasses in lieu of bifocals and blended lenses;
- Any medical or surgical treatment of the eyes or supporting structures;
- Replacement of lost or broken lenses, contact lenses or frames, except when the member is normally eligible for services;
- Any eye examination or corrective eyewear required by an employer as a condition of employment;
- Services or materials provided as a result of any Worker's Compensation Law, or similar legislation, required by any governmental agency whether federal, state or subdivision thereof.
- Some provisions, benefits, exclusions or limitations listed herein may vary depending on your state of residence.

Employees enrolling in the voluntary plan must agree to remain enrolled during the designated plan period.

Employees who elect not to enroll during the initial plan enrollment period must wait until the next plan enrollment period to enroll.

# IMPLEMENTATION

## SET-UP

Getting started is easy, just follow these steps:

### 1

Avesis must receive an original copy of the completed Group Application and the first month's premium (group paid programs only). This material should be sent to the Sales Representative for the account. Failure to receive a completed group application will delay the initial eligibility set-up.

Premium checks for insured vision care should be made payable to:

Premium checks for self-funded and discount vision programs should be made payable to "Avesis Third Party Administrators, Inc."

### 2

Once the [Group Application](#) has been submitted and received by Avesis, enrollment and group materials will be prepared. The packet will include:

- Benefit Summaries
- HIPAA Privacy Notice
- Member Enrollment Forms
- Administrator's Guide

An account manager will also be assigned at this time to assist the group during the implementation phase and is available for questions and support throughout the contract.

### 3

Once the group's initial enrollment is completed, hard copy [enrollment forms](#) must be sent to:

Avesis  
ATTN: Implementation Coordinator  
10324. S. Dolfield Road  
Owings Mills, MD 21117

If the group elects to submit the initial enrollment to Avesis electronically, they must follow a specified [data format](#) supplied by Avesis to ensure the transfer of data integrates with the Avesis systems.

For additional information on the Avesis data format, please contact 800-643-1132 ext. 316.

Transferring electronic eligibility data to Avesis can be done in various ways:

- e-mail - [implementation@avesis.com](mailto:implementation@avesis.com)
- Encrypted e-mail
- FTP
- Postal mail using most modern storage devices

The best way to build a group's eligibility is participation in Avesis' E-billing program. This system allows Benefit Administrators to have complete online access to administer enrollment, on-going maintenance and billing functions.

## DEFINITIONS

**Employer Paid:** Rates assume 100% participation by all-eligible employees or medical program enrollment. If tied to medical program rates assume an employer contribution of 75%.

**Voluntary:** Employees enrolling in the group voluntary plan must agree to remain enrolled during the designated plan period. Employees who elect not to enroll during the initial plan enrollment period must wait until the next plan enrollment period to enroll.

**50/50:** Rates assume an employer contribution of at least 50%; or 100% employer paid for employee coverage and dependents are offered voluntary coverage.

**Tied to Ancillary:** Rates assume all vision enrollment is identical to other ancillary product enrollment.

# PLUS PLAN

The current guaranteed premium rate is subject to modification based upon any change in benefits, policyholder contributions, number of eligible employees, information provided by the applicant on the application, governmental action or change in law or regulation, any of which, individually or in combination, may affect the Insurer's risk in underwriting this coverage.

## WHAT IS COVERED

BENEFITS	AVESIS NETWORK	OUT-OF-NETWORK
<b>Eye Examination</b>	Covered in full	Reimbursed up to \$35.00
<b>Spectacle Lenses</b>		
Standard Single Vision	Covered in full	Reimbursed up to \$25.00
Standard Bifocal	Covered in full	Reimbursed up to \$40.00
Standard Trifocal	Covered in full	Reimbursed up to \$50.00
Standard Lenticular	Covered in full	Reimbursed up to \$80.00
Progressive	20% off retail, plus \$50 allowance	Reimbursed up to \$40.00
Specialty	20% off retail, plus corresponding standard lens reimbursement	Corresponding standard lens reimbursement
<b>Lens Options</b>	Preferred Pricing <sup>1</sup>	N/A
<b>Frame</b>	\$50 Wholesale Allowance <sup>2</sup>	Reimbursed up to \$45.00
<b>Contact Lenses<sup>3</sup></b>		
Elective	\$130 Allowance	Reimbursed up to \$130.00
Medically Necessary	Covered in full	Reimbursed up to \$250.00
<b>LASIK Surgery</b>	\$150 onetime/lifetime Allowance	\$150 onetime/lifetime Allowance

<sup>1</sup>Average Savings of 20% off the providers usual and customary fees. <sup>2</sup>Approximately \$100 - \$150 retail frame after applicable materials co-payment is met. <sup>3</sup>Contact lenses are in lieu of spectacle lenses and frame. Contact lenses and Out-of-network benefits are not subject to co-payment.

### Frame Allowance

**\$100 - \$150 (\$50 wholesale)**

Approximate retail value

Frames from participating corporate Wal-Mart locations are covered up to a \$68 retail value.

### Contact Lens Allowance

**\$130**

Discount of up to 20% is received prior to applying the contact lens allowance.

### Contact:

Healthy Choices Benefit Plans  
sales@healthychoicesbenefitplans.com  
800-772-8171

Not available in the following States:  
Arkansas, Idaho, New York & Washington

Rates are good for 90 days from the date this proposal was created.

- EO** = Employee Only
- E1** = Employee + One
- ES** = Employee + Spouse
- EC** = Employee + Child(ren)
- EF** = Employee + Family

### Co-pays

Vision Examination	\$10.00	\$10.00	\$10.00	\$10.00
Materials	\$25.00	\$25.00	\$25.00	\$25.00

### Frequency

Exam	12 Months	12 Months	12 Months	12 Months
Lenses	12 Months	12 Months	12 Months	12 Months
Frames	12 Months	12 Months	24 Months	24 Months
Contact Lenses	12 Months	12 Months	12 Months	12 Months

### Contribution

Tier	Emp. Paid	Voluntary	Emp. Paid	Voluntary
	4	4	4	4

### Monthly Rates\*

EO	\$7.19	EO	\$9.52	EO	\$6.20	EO	\$8.20
ES	\$12.58	ES	\$16.66	ES	\$10.85	ES	\$14.36
EC	\$15.10	EC	\$18.10	EC	\$13.02	EC	\$15.58
EF	\$18.69	EF	\$24.76	EF	\$16.11	EF	\$21.32

\*Employer Paid - Minimum group size & participation of five (5) eligible employees.  
Voluntary Groups - Minimum group size & participation of ten (10) eligible employees.

Policies and rates are guaranteed for two (2) years.