Iowa State University

Your vision health is an important part of complete wellness. Avesis is pleased to present your vision benefits which are designed to give you and your covered family members the care, value and service to help maintain good vision and overall health.

**In-Network Benefits**

$200* average retail

When choosing the frames and spectacle lenses package!

**FRAMES**

Providers typically charge between $100 - $150* for frames covered in full by your plan allowance.

AND

**SPECTACLE LENSES**

Standard lenses are covered in full. Providers typically charge between $60 - $120* for standard lenses.

**Contact Lenses**

In lieu of frames and spectacle lenses, members receive an allowance up to $130 for materials and fit and follow-up exam.

Medically necessary contact lenses are covered in full (prior authorization is required)

**LASIK Surgery**

Members receive a one-time/lifetime allowance of $150

**Additional Discounts**

**Progressive Lenses**

Are discounted up to 20% off retail in addition to a $50 allowance

**Lens Options, Non-Covered Items and Additional Purchases**

Are discounted up to 20% off retail

**Specialty Lenses**

Are discounted up to 20% off retail in addition to the corresponding standard lens allowance

**LASIK Surgery**

5% - 25% off retail

* Values provided may be more or less depending on the providers retail pricing.

**Provider wholesale frame pricing for your plan is $50. Participating Wal-Mart locations cover frames up to a $68 retail value.

---

**Group Details**

**Effective Date:** 2/1/2016

**Group Number:** 60790-1227

**Plan #:** 9133NC

**Benefit Frequency**

Every:

- **Spectacle Lenses** 12 Months
- **Frames** 12 Months
- **Contact Lenses** 12 Months

**Co-Pays**

**Materials** $25.00

**Rates**

**Employee Paid Rates Per Month**

- **Employee Only** $7.40
- **Employee + Spouse** $13.96
- **Employee + Child(ren)** $15.28
- **Employee + Family** $19.66

**Out-of-Network Reimbursement**

<table>
<thead>
<tr>
<th>Service</th>
<th>Up to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard Single Vision</td>
<td>$25.00</td>
</tr>
<tr>
<td>Standard Bifocal</td>
<td>$40.00</td>
</tr>
<tr>
<td>Standard Trifocal</td>
<td>$50.00</td>
</tr>
<tr>
<td>Standard Lenticular</td>
<td>$80.00</td>
</tr>
<tr>
<td>Progressive</td>
<td>$40.00</td>
</tr>
<tr>
<td>Specialty Lenses</td>
<td>Corresponding Standard Lens Reimbursement</td>
</tr>
<tr>
<td>Frame</td>
<td>$45.00</td>
</tr>
<tr>
<td>Contact Lenses (Elective)</td>
<td>$130.00</td>
</tr>
<tr>
<td>Contact Lenses (Med. Necessary)</td>
<td>$250.00</td>
</tr>
<tr>
<td>LASIK Surgery</td>
<td>$150.00</td>
</tr>
</tbody>
</table>

Underwritten by Fidelity Security Life Insurance Company, Kansas City, MO Policy #: VC-16, Form M-9059 www.avesis.com
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 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 expenses incurred 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 of vision training; 2) Subnormal vision aids and any 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 disease or injury; 6) Replacement of lost or broken lenses, contact lenses or frames, except when the member is normally eligible for services; 7) Any 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 whether Federal, State or subdivision thereof; 9) Any vision examination.

Notes and Disclaimers

**Notes and Disclaimers:** Dilation is covered in full based on the following conditions: central vision loss, photopsia, floaters, history of ocular surgery, history of ocular trauma, history of ocular disease, high myopia or diabetes. If the following conditions do not apply, members will receive Avesis' Preferred Pricing (20% off retail).

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, or both contact lenses and professional services (fitting fees).

Laser vision correction is considered Refractive Surgery, an elective procedure, and may involve potential risks to patients. Avesis is not responsible for the outcome of any refractive surgery.

Only one co-pay applies to either frame or lenses.

**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.