

Avesis Vision Plan – Alabama Pharmacy Association

This program has been specifically designed to provide you and your covered family members with quality, professional vision care, all at a tremendous savings to you!

In-Network Vision Benefits

Vision Examination

Frames (within plan allowance)

Spectacle Lenses

- Standard Single Vision
- Standard Bifocal
- Standard Trifocal
- Standard Lenticular

**COVERED IN
FULL**
after co-pay(s)

Contact Lenses

No co-pays for contacts

Elective (up to plan allowance)

Medically Necessary (prior authorization required)

Progressive lenses – up to 20% off retail, plus a \$50 allowance

Specialty lenses – up to 20% off retail, plus the corresponding standard lens payment

Lens Options¹

Laser Vision Correction²

Additional Purchases³

**DISCOUNTED
ITEMS***

*not insured benefits

¹ up to 20% off on all lens options

² 5% - 25% off on laser correction

³ up to 20% off on all additional purchases or items not covered

Plan Allowances

FRAME

Members receive any frame with an approx. retail value between **\$100-\$150** (up to a **\$50** wholesale allowance). Frames from participating Wal-Mart locations are covered up to a \$68 retail value.

CONTACT LENSES

Members receive a contact lens allowance of **\$130** which can be used for materials and services.

(In lieu of spectacle lenses and frames)

LASIK SURGERY

Discount² plus **\$150** one-time / lifetime allowance
(In lieu of all other services for the benefit year)

Co-pays

Vision Examination **\$10.00**

Materials **\$20.00**

Rates

Employee Paid Rates per Month

Employee Only **\$13.00**

Employee + One **\$19.00**

Employee + Family **\$26.00**

Benefit Frequency

Vision Exam **Every 12 Months**

Spectacle Lenses **Every 12 Months**

Frames **Every 24 Months**

Contact Lens Allowance **Every 12 Months**

Out-of-Network Reimbursement

Members who chose to use out-of-network providers must pay the provider in full at the time of service and submit a claim to Avesis for reimbursement.

Amounts are based on the Avesis out-of-network rate schedule.

Avesis Application – Alabama Pharmacy Association

ADVANTAGE VISION

Underwritten by Fidelity Security Life Insurance Company

Group Vision Care Plan Employee Enrollment Form

Group Number: 20790-1118

Plan Number: 972

Division: _____ (Office Use Only)

Employer: _____

Date of Employment: _____ Plan Effective Date: _____

Employee Name: (Please Print) _____
Last First MI

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: ____/____/____ SSN: ____-____-____ Male ____ Female ____

Coverage: ____ Employee Only ____ Employee + One ____ Employee + Family

Names	Last	First	MI	Date of Birth
Spouse				
Dependent				
Dependent				
Dependent				
Dependent				

I hereby apply for coverage under AVESIS, TPA for which I am now entitled or may become entitled under the provisions of the plan. I authorize deductions from my earnings at the required contributions towards the cost of the coverage. I certify that I am eligible to participate and that the above information is correct. I agree that once enrolled I will remain enrolled during the designated plan period.

Signature: _____ Date: _____