

Welcome to the

# DentaQuest<sup>TM</sup> Premier Vision Plan



DentaQuest has teamed with Avesis which provides vision coverage to millions of members. 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** **Covered in Full**  
after co-pay

<b>Frame</b>	20% to 50% off retail fees
<b>Spectacle Lenses</b>	
Standard Single Vision	Member will pay no more than \$35.00
Standard Bifocal	Member will pay no more than \$50.00
Standard Trifocal	Member will pay no more than \$65.00
Standard Lenticular	Member will pay no more than \$80.00

<b>Contact Lenses</b>	
Elective	Unlimited savings up to 20% off retail
Medically Necessary	Unlimited savings up to 20% off retail

<b>Lens Options<sup>1</sup></b>	<b>Discounted Items*</b>
<b>Laser Vision Correction<sup>2</sup></b>	
<b>Additional Purchases<sup>3</sup></b>	
<b>Specialty Lenses<sup>4</sup></b>	

## Plan Allowances

### FRAME

Members receive any frame for a payment of the published wholesale price plus 40% or equivalent retail discounted price.

### CONTACT LENSES

Savings of 10% to 20% off retail fees

## Co-pay

**Vision Examination \$0.00**



## Benefit Frequency

Exam	Every 12 Months
Frames	N/A
Lenses	N/A
Contact Lenses	N/A

**Wal-Mart locations do not currently accept this vision plan**

\*not insured benefits

<sup>1</sup> up to 20% off on all lens options

<sup>2</sup> 5% - 25% off on laser vision correction

<sup>3</sup> up to 20% off on all additional purchases or items not covered

<sup>4</sup> up to 20% off specialty lenses (e.g. Polycarbonate, Hi-Index)

## Out-of-Network Reimbursement

EXAM	SPECTACLE LENSES	FRAME	CONTACT LENSES
\$35.00	Standard Single Vision N/A Standard Bifocal N/A Standard Trifocal N/A Standard Lenticular N/A Progressive N/A Specialty Lenses N/A	N/A	Elective N/A Medically Necessary N/A

All reimbursement amounts listed above are up to the posted dollar amount.

# Avēsis

Underwritten by: Fidelity Security Life Insurance Company, Kansas City, MO  
Policy #: VC-16, Form M9059

[www.avesis.com](http://www.avesis.com)

# How To Use Your Benefits

When you need to see an eye care professional, simply call Avesis, Monday through Friday, 7AM to 5PM (MST) at 1.800.828.9341 or visit [www.avesis.com](http://www.avesis.com). Avesis' Customer Service Representatives and its website have the most current listing of participating providers.

- 1 Select a participating provider
- 2 Call and identify yourself as an Avesis member
- 3 Schedule an appointment
- 4 Present your ID Card and pay any co-pays and expenses not covered under the vision program

## Looking for a LASIK Provider?

Avesis has contracted with participating providers to provide significant discounts for LASIK surgery. You may call 1.888.314.4619 for additional information or to locate a participating provider in your area.

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) 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 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 whether Federal, State or subdivision thereof; 9) Any vision materials.

## 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 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. Out-of-network claim forms can be obtained by contacting Avesis' Customer Service Center, your group administrator or by visiting [www.avesis.com](http://www.avesis.com).

**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.

**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.

**DentaQuest**<sup>TM</sup>

[www.avesis.com](http://www.avesis.com)

Insured benefits are administered by Avesis Third Party Administrators, Inc., Phoenix, AZ

Avesis Customer Service 1.800.828.9341