

Vision plan

Having vision coverage allows you to save money on eligible eye care expenses, such as periodic eye exams, eyeglasses, contact lenses, and more for yourself and your covered dependents.

AVESIS VISION	Plan A Materials Only	Plan B Eye exam + Materials
Eye Exam	NA	\$10
Materials (copay applies to frame or spectacle lens, if applicable)	\$15	\$15
Frame Allowance Up to 20% discount above frame allowance.*	up to \$50 wholesale allowance, up to \$150 retail value	up to \$50 wholesale allowance, up to \$150 retail value
Lenses - Single, Bifocal, Trifocal, Lenticular	Covered in full after materials copay	Covered in full after materials copay
Standard Progressives	up to \$50, plus 20% off retail	See chart
Other lens options	discounted up to 20% off retail	
Contact Lenses (in lieu of frame and spectacle lenses)		
Elective	\$130 allowance	\$130 allowance
Medically Necessary	Covered in full	Covered in full
Refractive Laser Surgery	Onetime/Lifetime \$150 allowance. Provider discount up to 25%.	Onetime/Lifetime \$150 allowance. Provider discount up to 25%.
Frequency		
Eye Examination	NA	Once every 12 months
Lenses or contact lenses	Once every 12 months	Once every 12 months
Frame	Once every 24 months	Once every 24 months

Lens Option Package	Plan B Only
Polycarbonate (Single Vision/Multi-Focal)	\$40/\$44 (Covered in full up to age 19)
Standard Scratch-Resistant Coating	\$17
Ultra-Violet Screening	\$15
Solid or Gradient Tint	\$17
Standard Anti-Reflective Coating	\$45
Level 1 Progressives	\$75
Level 2 Progressives	\$110
All Other Progressives	\$50 allowance + 20% discount
Transitions® (Single Vision / Multi-Focal)	\$70/\$80
Polarized	\$75
PGX/PBX	\$40
Other Lens Options	Up to 20% Discount

Monthly Vision Premiums

Please refer to the Rate page at the back of this Guide and log into your Benefitsolver account for your monthly cost.

Note: The rates in Benefitsolver are based on 12 month premium.

