

## **AVESIS VISION PLAN 1/1/07**

<b>Benefit Frequency</b>	
Vision Exams	12 months
Spectacle Lenses	12 months
Contact Lens Allowance	12 months
Frames	24 months
<b>Network Benefits</b>	
Vision Exam Co-pay	\$ 10.00
Materials Co-pay	\$ 15.00
Retail Frame Allowance	\$100-\$150 (\$50 wholesale)
Contacts - No Co-pay	\$130 Allowance
All Other Electives	\$130 Allowance
<b>Out-of-Network Reimbursement</b>	
<b>Vision Exams</b>	\$ 40.00
<b>Spectacle Frame</b>	\$ 45.00
<b>Standard single vision lenses</b>	\$ 40.00
<b>Standard Bifocal</b>	\$ 60.00
<b>Standard Trifocal</b>	\$ 80.00
<b>Standard Lenticular</b>	\$ 80.00
<b>Progressive</b>	\$ 60.00
<b>Elective Contact Lenses</b>	\$ 130.00
<b>Medically Necessary Contacts</b>	\$ 250.00
<b>Cost each pay period</b>	
<b>Employee only</b>	\$ 1.73
<b>Employee + 1</b>	\$ 3.02
<b>Family</b>	\$ 4.49