



City of Rock Island

Group ID: 60790-1684

Effective Date: 01/01/2023

Plan ID: 933-L2

VISION CARE SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK REIMBURSEMENT
Vision Examination (includes Refraction)	Covered in full after \$10 copay	Up to \$35
MATERIALS*	\$15 copay (Materials copay applies to frame or spectacle lenses, if applicable.)	
Frame Allowance (Up to 20% discount above frame allowance.)	Members receive a \$50 wholesale allowance up to \$150 retail value	Up to \$45
Standard Spectacle Lenses		
Single Vision	Covered in full after \$15 copay	Up to \$25
Bifocal	Covered in full after \$15 copay	Up to \$40
Trifocal	Covered in full after \$15 copay	Up to \$50
Lenticular	Covered in full after \$15 copay	Up to \$80
Standard Progressives	Covered up to \$50, plus 20% off retail	Up to \$40
Other Lens Options[§]		
Level 2 Lens Option Package		
Youth Polycarbonate (Up to Age 19)	Covered in full	Up to \$10.00
Adult Polycarbonate		Up to \$10.00
Contact Lenses[†] (in lieu of frame and spectacle lenses)		
Elective (10% discount on amount exceeding allowance)	\$130 allowance	Up to \$130
Medically Necessary	Covered in full	Up to \$250
Refractive Laser Surgery	Onetime/lifetime \$150 allowance Provider discount up to 25%	Onetime/lifetime \$150 allowance
PLAN DETAILS		
Contribution	Voluntary	
Frequency		Rates
Eye Exam	Once every 12 months	EO \$9.21
Lenses	Once every 12 months	ES \$17.66
Frame	Once every 24 months	EC \$19.25
Contact Lenses	Once every 12 months	EF \$24.78

RELIABLE & DEPENDABLE

Avēsis is a national leader in providing exceptional vision care benefits for millions of commercial members throughout the country.

The Avēsis vision care products give our members an easy-to-use wellness benefit that provides excellent value and protection.

Policies and rates are guaranteed for 2 years.

Underwritten by: Fidelity Security Life Insurance Company, Kansas City, MO
Policy #: VC-16, Form M-9059

EO = Employee Only
E1 = Employee + One
ES = Employee + Spouse
EC = Employee + Child(ren)
EF = Employee + FAM

How can we help you?
Avēsis Website:
www.avesis.com

833-282-2441
7:00 a.m. to 8:00 p.m. EST

LASIK Provider:
877-712-2010

[§]Discounts are not insured benefits.

^{*}At participating Walmart/Sam's locations, retail pricing for your plan is \$68. At participating Costco locations, retail pricing is \$54.99.

[†]Prior Authorization is required for medically necessary contacts.

