

Black Hawk County

Group ID: 60790-1574

Effective Date: 07/01/2025

Plan ID: 050130EZ-L2

VISION CARE SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK REIMBURSEMENT	RELIABLE & DEPENDABLE
Vision Examination (includes Refraction)	Covered in full after \$10 copay	Up to \$35	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
MATERIALS*	\$25 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 \$25 copay	Up to \$25	
Bifocal	Covered in full after \$25 copay	Up to \$40	
Trifocal	Covered in full after \$25 copay	Up to \$50	
Lenticular	Covered in full after \$25 copay	Up to \$80	
Preferred Pricing Options			
Level 2 Lens Option Package			
Polycarbonate (Single Vision/Multi-Focal)	Covered in Full	Up to \$10	
Standard Scratch-Resistant Coating	\$17	N/A	
Ultra-Violet Screening	\$15	N/A	
Solid or Gradient Tint	\$17	N/A	
Standard Anti-Reflective Coating	\$45	N/A	
Level 1 Progressives	\$75	Up to \$40	
Level 2 Progressives	\$110	Up to \$40	
All Other Progressives	\$50 allowance + up to 20% discount	Up to \$40	
Transitions® (Single Vision/Multi-Focal)	\$70/\$80	N/A	
Polarized	\$75	N/A	
PGX/PBX	\$40	N/A	
Other Lens Options	Up to 20% Discount	N/A	
Contact Lenses † (in lieu of frame and spectacle lenses)			
Elective (10% discount on amount exceeding allowance)	\$130 allowance	Up to \$110	
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 month	EO \$8.61	
Lenses	Once every 12 month	EF \$19.81	
Frame	Once every 24 month		
Contact Lenses	Once every 12 month		

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.