



# Clarinda Regional Health Center

**Group ID:** 60790-6350  
**Effective Date:** 01/01/2024  
**Plan ID:** 150150CY1

VISION CARE SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK REIMBURSEMENT
<b>Vision Examination</b> (includes Refraction)	Covered in full after \$10 copay	Up to \$35
<b>Contact Lens Fit and Follow-up</b>		
Standard Contact Lens Fitting	Up to \$50 member out-of-pocket maximum	N/A
Custom Contact Lens Fitting	Up to \$75 member out-of-pocket maximum	N/A
<b>MATERIALS*</b>	\$10 copay (Materials copay applies to frame or spectacle lenses, if applicable.)	
<b>Frame Allowance</b> (Up to 20% discount above frame allowance.)	\$150 allowance	Up to \$50
<b>Standard Spectacle Lenses</b>		
Single Vision	Covered in full after \$10 copay	Up to \$25
Bifocal	Covered in full after \$10 copay	Up to \$40
Trifocal	Covered in full after \$10 copay	Up to \$50
Lenticular	Covered in full after \$10 copay	Up to \$80
<b>Preferred Pricing Options</b>		
<b>Level 1 Lens Option Package</b>		
Polycarbonate (Single Vision/Multi-Focal)	\$40/\$44	N/A
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
<b>Contact Lenses †</b> (in lieu of frame and spectacle lenses)		
Elective (10% discount on amount exceeding allowance)	\$150 allowance	Up to \$128
Medically Necessary	Covered in full	Up to \$250
<b>Refractive Laser Surgery</b>	Onetime/lifetime \$150 allowance Provider discount up to 25%	Onetime/lifetime \$150 allowance

PLAN DETAILS		
<b>Contribution</b>	Employer Paid	
<b>Frequency</b>		<b>Rates</b>
Eye Exam	Once every 12 months	Please see your H.R. Department for Rates
Lenses	Once every 12 month	
Frame	Once every 12 month	
Contact Lenses	Once every 12 month	

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

**How can we help you?**  
**Avēsis Website:**  
[www.avesis.com](http://www.avesis.com)

855-214-6777  
 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 \$82. At participating Costco locations, retail pricing is \$84.99.  
 †Prior Authorization is required for medically necessary contacts.

