



Welcome to the ExcelVision Plan

Plan B - Non-NY Domiciled Employers

Welcome to ExcelVision. With the Avesis professional network of Optometrists and Ophthalmologists you have access to over 25,000 doctors and 15,916 locations across the United States.

Service	In-Network	Out-Of-Network	Plan Frequency
Eye Examinations	Covered in Full after a \$10 co-pay	Reimbursement Up to \$40	Once every 12 months
Prescription Lenses including: Single Vision Lenses Bifocal Lenses Trifocal Lenses Lenticular Lenses	Covered in Full after a \$25 co-pay	Reimbursement: Up to \$40 Up to \$60 Up to \$80 Up to \$80	Once every 12 months
Eyeglass Frames	Members receive any frame with a retail value of up to \$150 (up to a \$50 wholesale allowance)	Reimbursement up to \$45	Once every 24 months
Contact Lenses*	Members receive a contact lens allowance of \$110 which can be used for materials and services. Medically Necessary Contacts** are covered in full. For mail order replacement lenses see 1800AnyLens benefit.	Reimbursement up to \$110 for elective contacts and \$210 for Medically Necessary Contacts**. For mail order replacement lenses see 1800AnyLens benefit.	Once every 12 months
Additional Discounts	1) 20% discount on additional pairs of prescription glasses (including prescription sunglasses) 2) 20% discount on contact lens exam and fitting fee		
1-800AnyLens/1800AnyLens.com (mail order replacement contact lenses)	ExcelVision members receive an additional 15% discount off our already low prices, by phone or internet. You and your family are also entitled to free shipping on any order over \$50.		
LASIK Benefits	ExcelVision has partnered with QualSight LASIK to bring its members savings of up to 50% off the national average price of traditional LASIK eye surgery. Most important, the price is set nationwide at QualSight providers.		
ICareLine	ExcelVision is the only plan to offer 24/7 telephonic access to licensed therapists who can support you and your family through any concerns regarding vision services or diagnoses.		

*Contacts in lieu of prescription lenses and frames

**Prior authorization required for Medically Necessary Contacts

QualSight LASIK Preferred Pricing (not an insured benefit)	
Price Traditional Refractive Surgery	\$945.00
Price Traditional Refractive Surgery Lifetime Assurance	\$1,335.00
Price Traditional Refractive Surgery with IntraLase	\$1,395.00
Price Traditional Refractive Surgery with IntraLase Lifetime Assurance	\$1,695.00
Price Custom Refractive Surgery	\$1,370.00
Price Custom Refractive Surgery Lifetime Assurance	\$1,595.00
Price Custom Refractive Surgery with IntraLase	\$1,795.00
Price Custom Refractive Surgery with IntraLase Lifetime Assurance	\$1,995.00
Price Conductive Keratoplasty (CK)	\$995.00

Plan Details	
Effective Date	Available Online
Group Number	Available Online
Plan #	Available Online

Powered By **Avesis**
A National Vision, Dental and Hearing Company

EVS-B-PGP



How to Use Your Benefits

When you need to see an eye care professional, simply call ExcelVision, Monday through Friday, 7AM to 5PM (EST) at 877-547-6957 or visit www.ExcelVision.com. ExcelVision's Customer Service Representatives and its website have the most current listing of participating providers.

Using Your Vision Benefit

1. Select a participating Avesis provider
2. Call and identify yourself as an ExcelVision member a part of the Avesis Network
3. Schedule an appointment
4. Present your ID Card and pay any co-pays and expenses not covered under the plan

Looking for a LASIK Provider?

ExcelVision has contracted with QualSight to provide preferred pricing for LASIK surgery. You may call 877-437-6102 for additional information or to locate a participating provider.

Limitations

The Contact Lenses benefit is paid in lieu of Eyeglass Lenses and Frames. An Insured is eligible to receive benefits under the Eyeglass Lenses Benefit or the Frame benefit only after the Contact Lenses benefit Frequency has ended. The Eyeglass Lenses benefit and the Eyeglass Frame benefit is paid in lieu of the Contact Lenses benefit. An Insured is eligible to receive benefits under the Contact Lenses benefit only after the Eyeglass Lenses benefit Frequency has ended. Coverage for a Late Entrant or Re-Enrollee is limited to the Vision Exam benefit during the first 24 months after such person's effective date of coverage. Dilation is covered in full under the Vision Exam benefit ONLY if done for one of the following conditions: central vision loss, photopsia, floaters, high myopia, diabetes or history of ocular surgery, ocular trauma or ocular disease.

Exclusions (Non-Covered Services)

No benefits are payable for the any of the following conditions, procedures and/or materials, unless otherwise specifically listed as a covered benefit in the Schedule of Benefits: Replacement frames and/or lenses, except at normal intervals when covered services are otherwise available; Plano or non-prescription lenses or sunglasses; Orthoptics, vision training and any associated supplemental testing; Frame cases; Low (subnormal) vision aids or aniseikonic lenses; Medical and surgical treatment of the eyes; Charges incurred after (a) the Policy ends; or (b) the Insured's coverage under the Policy ends, except as stated in the Policy; Experimental or non-conventional treatment or device; Any eye examination or corrective eyewear required by an Employer as a condition of employment; Services and materials provided by another vision plan except in the case of Coordination of Benefits; Services for which benefits are paid by Worker's Compensation; Benefits provided under the employee's medical insurance except in the case of Coordination of Benefits; Blended bifocal lenses; Groove, Drill or Notch, and Roll and Polish; Two pairs of glasses, in lieu of bifocals, trifocals or progressives; Coating on lenses (Factory scratch coat, anti-reflective, sunglass colors, etc.) Cosmetic items, Faceted lenses, High-Index Lenses, Laminated Lenses, Oversize Lenses – any lens with an eye size of 61mm or greater, Photochromic (Transition) lenses, Polaroid lenses, Polished bevel lenses, Polycarbonate lenses, Prism lenses, Slab-off lenses, Tints (except Pink tint #1 and #2), Ultra-violet tint or coating, Additional cost for contact lenses over the allowance, Additional cost for a frame over the allowance, Progressive Power Lenses (Progressive Power Lens Benefit. If this type of lens is not a covered benefit under your Certificate, the Provider will apply the retail charge for standard trifocal lenses against the charge for the style of progressive lens You have selected. You pay the Provider the difference, if any, between the two).

Out-of-Network Information

Members who elect to use an out-of-network provider must pay the provider in full at the time of service and submit a claim to ExcelVision for reimbursement. Reimbursement levels are in accordance with the out-of-network reimbursement schedule previously listed. Out-of-network benefits are subject to the same eligibility,

availability, frequency of benefits, and limitation and exclusion provisions of the plan; and are in lieu of services provided by a participating ExcelVision provider. Out-of-network claim forms can be obtained by contacting ExcelVision's Customer Service Center, your group administrator or by visiting www.ExcelVision.com.

Notes and Disclaimers

Dilation is covered in full based on the following conditions: central vision loss, photopsia, floaters, history of ocular surgery, history of ocular trauma, history of ocular disease, high myopia or diabetes. If the following conditions do not apply, members will receive Preferred Pricing (20% off retail).

The contact lens allowance may be used all at once or throughout the plan year as needed or may be applied toward contact lenses only, or both contact lenses and professional services (fitting fees).

Laser vision correction is considered Refractive Surgery, an elective procedure, and may involve potential risks to patients. ExcelVision is not responsible for the outcome of any refractive surgery.

Only one co-pay applies to either frame or lenses.

Termination Provisions

Coverage for You and all Covered Dependents stops on the earliest of the following dates: the date the Policy terminates; the date the Policyholder's coverage terminates under the Policy; the last day of the month in which You are no longer an eligible Member; the date You die; on any premium due date, if full payment for Your insurance is not made within 31 days following the premium due date.

This policy has exclusions and limitations. For complete details of coverage, please call ExcelVision.

Vision Care Insurance Underwritten by:

National Guardian Life Insurance Company
2 East Gilman Street
Madison, Wisconsin 53701
Policy Form Series # NVIGRP 5/07
Administered by Avesis

