



Welcome to the ExcelVision Plan

Plan A - 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 \$10 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 12 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
Loss of Sight	If You or an eligible Dependent suffer a permanent and irrecoverable loss of sight in one or both eyes due to an Injury, We will pay a one-time benefit of \$500. The loss of sight must occur within 90 days of the Injury. Both the Injury and loss of sight must occur while You or the eligible Dependent suffering the loss are covered under the Policy.		
Additional Discounts	1) 20% discount on additional pairs of prescription glasses (including prescription sunglasses) 2) 20% discount on contact lens exam and fitting fee 3) Free Tint on Lenses at Cohen's or GVS store locations only		
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

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

There are limitations for Contact Lenses, except as specifically provided; Contact Lens Fittings, except as specifically provided; Eyewear when there is no prescription change, except when benefits are otherwise available; Lenses or frames which are lost, stolen, or broken will not be replaced, except when benefits are otherwise available; Non-standard ("custom") lenses such as polycarbonate, progressive/no-line blended, occupational, beveled, faceted, coated (anti-reflective, scratch, UV), or oversized exceeding the allowance for covered lenses; and Tints, other than pink or rose #1 or #2, except as specifically provided. New-patient follow-up examinations: An insured should see the same doctor for both the comprehensive and follow-up examinations in order to receive the maximum benefit and to optimize continuity of care. When an insured selects a different provider to perform the follow-up examination, the insured will be responsible for the difference between the follow-up examination allowance and the comprehensive examination allowance. If bifocals are necessary due to a prescription, payment will be limited to one standard frame and a pair of lenses according to the schedule amount shown for bifocals.

Exclusions (Non-Covered Services)

There are no benefits under the plan for any eye examination required by an employer as a condition of employment; Care or treatment of a condition for which You are entitled to or eligible for benefits under any Worker's Compensation Act or similar law; Contact Lens insurance or care kits, or frame cases; Covered services which began prior to the insured's effective date or after benefits have been terminated; Covered services for which the insured is not legally obligated to pay; Covered services required by any government agency or program, (federal, state, or subdivision thereof); Covered services performed by a close relative or by an individual who ordinarily resides in the insured's home; Non-prescription (plano) eyewear, including non-prescription sunglasses; Orthoptics, vision training or subnormal vision aids; Services that are experimental or investigational in nature; Services for treatment directly related to any totally disabling condition, illness, or injury; In connection with war or any act of war, whether declared or undeclared, or condition contracted or accident occurring while on full-time active duty in the armed forces of any country or combination of countries; Medical and/or surgical treatment of the eye, eyes, or supporting structures, unless otherwise covered by Rider; For procedures that are not included in the Schedule of Benefits.

Exclusions - Refractive Surgery Benefit

Benefits are not payable for any of the following: Routine vision examinations or corrective vision materials, including corrective eyeglasses, fittings, lenses, frames or contact lenses; or Medical or surgical procedures, services or treatments: not specifically covered under this Rider; provided free of charge in the absence of insurance; payable under any Workers' Compensation law, or similar statutory authority; payable under any governmental plan or program whether Federal, state or subdivisions thereof.

Exclusions - Loss of Sight

Benefits are not payable for loss of sight caused directly or indirectly by any of the following: suicide, attempted suicide, or intentional self-inflicted injury; being Intoxicated or under the influence of any Narcotic, unless administered on the advice of a Physician; participation in the commission of a felony; war or any act of war, declared or undeclared; or participation in a riot or insurrection; duty as a member of any Armed Forces or units auxiliary thereto; aviation, except: as a fare-paying passenger on a scheduled or chartered flight operated by a scheduled airline; or as a

passenger or pilot in the Group Policyholder's or Participating Organization's aircraft while flying on the Group Policyholder's or Participating Organization's business provided: the aircraft has a valid U.S. airworthiness certificate (or foreign equivalent); and the pilot has a valid pilot's certificate with a non-student rating authorizing him to fly the aircraft; participation in Aviation related activities such as, but not limited to, bungee jumping, parachuting, or base jumping; cosmetic surgery to improve appearance, rather than to restore function or correct deformity resulting from an Injury; participating as a professional in athletics or sports; an Injury sustained while residing outside the United States, its possessions, or the countries of Canada or Mexico for more than 12 months.

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

The coverage on any Insured or Dependent will end automatically on the earliest of the following dates: The last day of the month in which the Insured or Dependent ceases to be eligible for coverage; Subject to the Grace Period provision above, the last day of the month for which the required premium has been paid; or The date the Policy is terminated or discontinued.

This policy has exclusions and limitations. Policy only available to be issued in New York. For complete details of coverage, please call ExcelVision.

Vision Care Insurance Underwritten by:

Gerber Life Insurance Company
1311 Mamaroneck Avenue
White Plains, New York 10605
Form # VIS-P-201G



**Gerber Life
Insurance Company**