

Whether you are an existing client or a potential client, the staff of the Dennis Krol Insurance Agency wants you to know how important your business is to us.

We have 30 years of combined experience in the insurance field and look forward to helping you.

Name _____
Address _____
City, State, Zip _____

Pamela Sewell
Dennis Krol Insurance Agency

PO Box 1818
Frankfort, Kentucky 40602-1818

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 place of services provided by Avesis participating providers.

Limitations

This plan is designed to cover eye examinations and corrective eyewear. It is also designed to cover visual needs rather than cosmetic options. Should the member select options that are not covered under the plan, as shown in the schedule of benefits, the member will pay a discounted fee to the Avesis participating provider. Benefits are payable only for expenses incurred while the group and the individual member's coverage are in force.

Exclusions

There are no benefits under the plan for professional services or materials connected with or arising from:

- 1) Orthoptics or vision training
- 2) Subnormal vision aids and any supplemental testing
- 3) Plano (non-prescription) lenses or non-prescription sunglasses
- 4) Two pairs of glasses in lieu of bifocals
- 5) Any medical or surgical treatment of the eye(s)
- 6) Replacement of lost or broken lenses, contact lenses or frames, except when the member is normally eligible for services
- 7) Any eye examination or corrective eyewear required by an employer as a condition of employment
- 8) Services or materials provided as a result of any Worker's Compensation Law or similar legislation, required by any governmental agency whether Federal, State or subdivisions thereof.

Termination of Coverage

All covered persons' coverage will end automatically on the earliest of the following dates: a) the date the policy ends; b) the end of the last period for which a required contribution agreed to in writing has been made; c) the date you are no longer eligible for insurance; d) the date your employment ends.

Eligibility

All employees, their spouses and unmarried children from birth to age 19 (or 25 if a full time student) meeting the eligibility requirements of the employer are eligible for coverage. **Coverage begins on the 1st day of the month following your first payroll deduction.**

FOR MORE INFORMATION CONTACT

Pamela Sewell
Dennis Krol Insurance Agency
PO Box 1818
Frankfort, KY 40602-1818

Phone: 502-875-3477
FAX: 502-875-3615

For more information, visit
www.avesis.com/kentucky

This is a benefit summary only. For more information, see the Certificate of Insurance.

Underwritten by:
Fidelity Security Life Insurance Company
Kansas City, Missouri 64141

Benefits administrator and
provider network:
Avesis Third Party Administrators, Inc.
3030 North Central Ave, #300
Phoenix, Arizona 85012

The policy is governed by M-9063KY. Policy No. VC-54.

Avēsis
A National Vision, Dental and Hearing Company

Avesis Incorporated • 3030 North Central Ave, Suite 300
Phoenix, Arizona 85012



The Avesis Advantage

*Vision Care
Program*

Avēsis
A National Vision, Dental and Hearing Company

Avesis Advantage Vision Care Plan

Thank you for choosing Avesis for your vision care needs. This brochure will provide information on how to enroll and use your covered services.

Avesis Advantage Vision Care Benefits

The following services are available to members who choose to receive services from an Avesis participating provider, after the applicable co-pay is met:

Vision Examination Spectacle Lenses¹ Frames²	Covered 100% Covered 100% Covered 100%
Contact Lens Benefit³	
Elective	\$130 Allowance
Medically Necessary	Covered 100%
LASIK Surgery⁴	\$150 Allowance

¹ standard single vision, bifocal, trifocal or lenticular

² within plan allowance

³ contact lens allowance is in lieu of spectacle lenses and frames for the benefit year

⁴ LASIK benefit is a one-time/lifetime allowance and is in lieu of all other services for the benefit year

Co-pay:	\$10 toward exam
Benefit Frequency	
Exam	once every 12 Months
Frames	once every 12 Months
Lenses	once every 12 Months
Contact Lenses	once every 12 Months

HOW TO USE THE PLAN

- 1) Visit www.avesis.com/kentucky or call 800-828-9341 for assistance in selecting an Avesis participating provider or if you need clarification of your vision care plan.
- 2) Call the provider and identify yourself as an Avesis member.
- 3) Schedule an appointment with the participating provider.
- 4) Present your Avesis ID card to the provider, pay the co-pay and any expenses that are not covered.

MONTHLY PREMIUM

Employee Only	\$9.45
Employee + Family	\$21.00

Exam Benefit

A vision examination will be provided to Avesis members by a provider participating with Avesis. The vision examination is covered in full after the \$10 exam co-pay is met.

Frame Benefit

The member may choose from a wide variety of frames at the participating provider's office. The member has the choice of staying within the plan frame allowance* with no additional out-of-pocket expense.

If the member chooses a frame that is not covered in full by the plan's frame allowance, then the member would pay a designated co-insurance amount. The co-insurance amount is based on Avesis Preferred Pricing contract with participating providers, and varies by frame.

* The Avesis plan frame allowance is \$50 towards the wholesale cost. This equates to an approximate retail value of \$100-\$150 for a covered frame. As with most products, retail prices may vary.

Spectacle Lenses Benefit

Covered spectacle lenses include a choice of plastic or glass lenses (standard single vision, bifocal or trifocal). If the member chooses to upgrade to specialty lenses (i.e. high index, progressive, etc.) the member would pay a discounted fee to the participating provider.

Contact Lens Benefit In-Network Benefits

Elective

In addition to the eye exam benefit Avesis provides a \$130 allowance applied toward contact lenses and associated professional fees (fitting fees).

Medically Necessary Contacts

Covered in full

Contact lenses would be considered medically necessary for: a) post-cataract surgery; b) keratoconus; c) certain conditions of anisometropia; and d) to correct extreme visual conditions that cannot be corrected with spectacle lenses.

Determination of medical necessity will be approved by Avesis.

LASIK Benefit

Members receive a \$150 one-time/lifetime allowance toward LASIK surgery that can be used in or out-of-network. Members who utilize a participating provider receive Avesis preferred pricing. The remaining charges are the responsibility of the member. Refractive surgery is an elective procedure and may involve potential risks to patients. Avesis is not responsible for the outcome of any refractive surgery.

Additional Options

Members receive up to 20% savings from Avesis providers on fees for options such as scratch coating, anti-reflective coating, etc. that are not covered under the Avesis Advantage Vision Care Plan.

Additional Eyewear

After members have received their covered eyewear, additional eyewear savings may still be obtained at the Avesis participating provider offices at already discounted fees. The members would be responsible for payment of the discounted fees directly to the providers.

Out-Of-Network Reimbursement Schedule

Vision Examination	\$35
Spectacle Lenses	
Single Vision Lenses	\$25
Bifocal Lenses	\$40
Trifocal Lenses	\$50
Lenticular Lenses	\$50
Frame	\$45
Contact Lenses*	
Elective Contact Lenses	\$130
Medically Necessary	\$250
LASIK Surgery**	\$150

* in lieu of spectacle lenses and frames for the benefit year

** in lieu of all other services for the benefit year

If an Avesis member chooses to receive services from a non-participating provider, the member would pay the provider and submit an itemized statement to Avesis for reimbursement up to the Out-of-Network Reimbursement Schedule.

The member must submit the claim within 3 months from the date of service. When filing a claim, the member must provide the following information: member's identification number; member's name; patient's name; patient's date of birth, member's mailing address and the group number.

Detach and secure with tape

Avesis Vision Care Plan Employee Enrollment Form

Avesis Wage Type 5631

Employer Name: **Commonwealth of Kentucky** Group #: **10835-1017** VC-54

Employee Name: _____ Social Security #: _____

Agency Department Name: _____ Agency/Dept Number: _____ must complete

Home Street Address: _____

City: _____ State: _____ Zip: _____ Phone #: _____

E-Mail: _____ Date of Birth: _____ Sex: Male Female

Deduction Monthly Amount: _____ Date of Hire: _____ Date of Authorization: _____

Monthly premiums will be deducted on the 15th of each month.

Please list any dependents you want covered below:

Names Last First Date of Birth Last First Date of Birth

Spouse: _____ Child: _____ Child: _____ Child: _____

Child: _____ Child: _____ Child: _____

I authorize my employer to deduct my contribution for insurance premium from my wages or salary. Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Employee Signature: _____ Date: _____ M-9063KY

Fidelity Security Life Insurance Company
Kansas City, MO

A-00713KY
04/04