Welcome to the AVESIS VISION PLAN

Waterloo CSD - Fully Insured

You have joined millions of people who use Avesis to meet their vision care needs. This program has been specifically designed to provide you and your covered family members with quality, professional vision care, all at a tremendous savings to you!

In-Network Vision Benefits

Vision Examination	
Frame (within plan allowance)	
Spectacle Lenses	**Covered in Full**
Standard Single Vision	after co-pay(s)
Standard Bifocal	
Standard Trifocal	
Standard Lenticular	
Contact Lenses	no co-pay for contacts
Elective (up to plan allowance)	
Medically Necessary (prior authorization required)	

Progressive lenses - up to 20% off retail, plus a $50 allowance
Specialty lenses - up to 20% off retail, plus the corresponding standard lens payment

Lens Options[1]	**Discounted Items***
Laser Vision Correction[2]	
Additional Purchases[3]	

Benefit Frequency

Vision Exam	Every 12 Months
Spectacle Lenses	Every 12 Months
Frames	Every 24 Months
Contact Lens Allowance	Every 12 Months

*not insured benefits
[1] up to 20% off on all lens options (except Wal-Mart)
[2] 5% - 25% off on laser vision correction
[3] up to 20% off on all additional purchases or items not covered (except Wal-Mart)

Avēsis
A National Vision and Dental Company

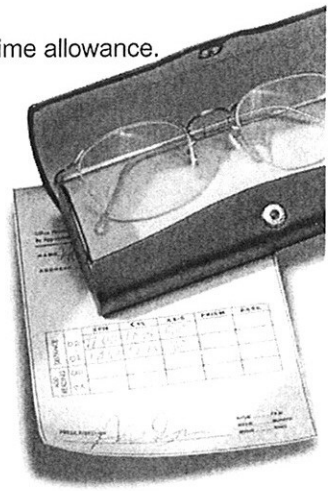
Underwritten by: Fidelity Security Life Insurance Company, Kansas City, MO
Policy #: VC-16, Form M-9059

Plan Allowances

FRAME
Members receive any frame with an approximate retail value between **$100 - $150** (up to a $50 wholesale allowance).
Frames from participating Wal-Mart locations are covered up to a $68 retail value.

CONTACT LENSES
(In lieu of spectacle lenses and frames)
Members receive a contact lens allowance of **$130** which can be used for materials and services.

LASIK SURGERY
(In lieu of all other services for the benefit year)
Discount[2] plus **$150** one - time/lifetime allowance.



Co-pays

Vision Examination	**$10.00**
Materials	**$00.00**

Rates

Employee Paid Rates Per Month

Employee Only	**$9.57**
Employee + Spouse	**$18.10**
Employee + Child(ren)	**$19.72**
Employee + Family	**$25.37**

Out-of-Network Reimbursement

EXAM	SPECTACLE LENSES		FRAME	CONTACT LENSES	
$35.00	Standard Single Vision	$25.00	$45.00	Elective	$130.00
	Standard Bifocal	$40.00		Medically Necessary	$250.00
	Standard Trifocal	$50.00			
	Standard Lenticular	$80.00		**LASIK**	
	Progressive	$40.00			
	Specialty Lenses	Corresponding Standard Lens Reimbursement		LASIK Surgery	$150.00

All reimbursement amounts listed above are up to the posted dollar amount.

Effective Date: 1/1/2009
Group Number:
Plan #: 905

WWW.AVESIS.COM

How to use your benefits

When you need to see an eye care professional, simply call Avesis, Monday through Friday, 7AM to 5PM (MST) at 1.800.828.9341 or visit www.avesis.com. Avesis' Customer Service Representatives and its website have the most current listing of participating providers.

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

Looking for a LASIK Provider?

Avesis has contracted with participating providers to provide significant discounts for LASIK surgery. You may call 1.888.314.4619 for additional information or to locate a participating provider in your area.

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 Avesis 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 Avesis provider. Out-of-network claim forms can be obtained by contacting Avesis' Customer Service Center, your group administrator or by visiting www.avesis.com.

Some provisions, benefits, exclusions or limitations listed herein may vary depending on your state of residence.

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 participating Avesis provider. Benefits are payable only for services received while the group and individual member's coverage is in force.

Exclusions: There are no benefits under the plan for professional services or materials connected with and arising from: 1) Orthoptics of vision training; 2) Subnormal vision aids and any supplemental testing; 3) Plano (non-prescription) lenses, sunglasses; 4) Two pair of glasses in lieu of bifocal lenses; 5) Any medical or surgical treatment of eye or support structures; 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 Workers Compensation Law, or similar legislation, required by any governmental agency whether Federal, State or subdivision thereof.

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 Avesis' 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. Avesis is not responsible for the outcome of any refractive surgery.

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

Termination Provisions: Coverage will end on the earliest of: the date the policy ends, the date the employee's employment ends, or the date the employee is no longer eligible.

Avesis

A National Vision and Dental Company

WWW.AVESIS.COM

Avesis Customer Service 1.800.828.9341

Insured benefits are administered by Avesis Third Party Administrators, Inc., Phoenix, AZ

Welcome to the AVESIS VISION PLAN

Waterloo CSD - Materials Only Insured

You have joined millions of people who use Avesis to meet their vision care needs. This program has been specifically designed to provide you and your covered family members with quality, professional vision care, all at a tremendous savings to you!

In-Network Vision Benefits

Frame (within plan allowance)	
Spectacle Lenses	
Standard Single Vision	**Covered in Full**
Standard Bifocal	after co-pay
Standard Trifocal	
Standard Lenticular	
Contact Lenses	no co-pay for contacts
Elective (up to plan allowance)	
Medically Necessary (prior authorization required)	

Progressive lenses - up to 20% off retail, plus a $50 allowance
Specialty lenses - up to 20% off retail, plus the corresponding standard lens payment

Lens Options[1]	**Discounted Items***
Additional Purchases[2]	

Benefit Frequency

Spectacle Lenses	Every 12 Months
Frames	Every 24 Months
Contact Lens Allowance	Every 12 Months

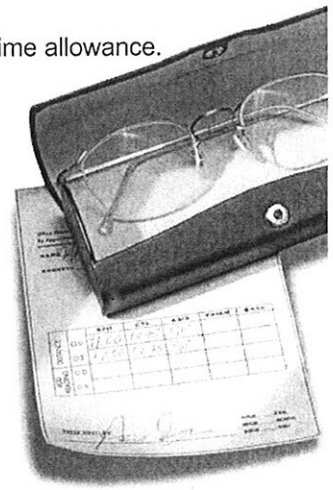
*not insured benefits
[1] up to 20% off on all lens options (except Wal-Mart)
[2] up to 20% off on all additional purchases or items not covered (except Wal-Mart)

Plan Allowances

FRAME
Members receive any frame with an approximate retail value between **$100 - $150** (up to a $50 wholesale allowance).
Frames from participating Wal-Mart locations are covered up to a $68 retail value.

CONTACT LENSES
(In lieu of spectacle lenses and frames)
Members receive a contact lens allowance of **$130** which can be used for materials and services.

LASIK SURGERY
(In lieu of all other services for the benefit year)
Discount[2] plus **$150** one - time/lifetime allowance.



Co-pay

Materials	**$ 00.00**

Rates

Employee Paid Rates Per Month

Employee Only	**$6.70**
Employee + Spouse	**$12.66**
Employee + Child(ren)	**$13.80**
Employee + Family	**$17.75**

Out-of-Network Reimbursement

EXAM	SPECTACLE LENSES		FRAME	CONTACT LENSES	
N/A	Standard Single Vision	$25.00	$45.00	Elective	$130.00
	Standard Bifocal	$40.00		Medically Necessary	$250.00
	Standard Trifocal	$50.00			
	Standard Lenticular	$80.00		**LASIK**	
	Progressive	$40.00			
	Specialty Lenses	Corresponding Standard Lens Reimbursement		LASIK Surgery	$150.00

All reimbursement amounts listed above are up to the posted dollar amount.

Effective Date: 1/1/2009
Group Number:
Plan #: 969

Avesis
A National Vision and Dental Company

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

WWW.AVESIS.COM

How to use your benefits

When you need to see an eye care professional, simply call Avesis, Monday through Friday, 7AM to 5PM (MST) at 1.800.828.9341 or visit www.avesis.com. Avesis' Customer Service Representatives and its website have the most current listing of participating providers.

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

Looking for a LASIK Provider?

Avesis has contracted with participating providers to provide significant discounts for LASIK surgery. You may call 1.888.314.4619 for additional information or to locate a participating provider in your area.

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 Avesis 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 Avesis provider. Out-of-network claim forms can be obtained by contacting Avesis' Customer Service Center, your group administrator or by visiting www.avesis.com.

Some provisions, benefits, exclusions, or limitations listed herein may vary depending on your state of residence.

Limitations: This plan is designed to cover 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 participating Avesis provider. Benefits are payable only for expenses incurred while the group and individual member's coverage is in force.

Exclusions: There are no benefits under the plan for professional services or materials connected with and arising from: 1) Orthoptics of vision training; 2) Subnormal vision aids; 3) Plano (non-prescription) lenses, sunglasses; 4) Two pair of glasses in lieu of bifocal lenses; 5) Any medical or surgical treatment of eye or support structures; 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 Workers Compensation Law, or similar legislation, required by any governmental agency whether Federal, State or subdivision thereof; 9) Any vision examination.

Notes and Disclaimers: 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. Avesis is not responsible for the outcome of any refractive surgery.

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

Termination Provisions: Coverage will end on the earliest of: the date the policy ends, the date the employee's employment ends, or the date the employee is no longer eligible.

Avesis
A National Vision and Dental Company

WWW.AVESIS.COM

Insured benefits are administered by Avesis Third Party Administrators, Inc., Phoenix, AZ

Avesis Customer Service 1.800.828.9341