

# State of Arizona Retiree



Group Number: 11001-2179  
Plan Number: 938

Effective Date: 1/1/2026

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 \$50
<b>Frame Allowance</b>		
	Members receive a \$50 wholesale value allowance up to \$150 retail value†	Up to \$50
	\$25 Upgrade to Retail Frame Benefit at Target Optical**	
<b>Standard Spectacle Lenses</b>		
Single Vision	Covered in full after \$0 copay	Up to \$33
Bifocal	Covered in full after \$0 copay	Up to \$50
Trifocal	Covered in full after \$0 copay	Up to \$60
Lenticular	Covered in full after \$0 copay	Up to \$110
Standard Progressives	Covered up to \$50, plus 20% off retail	Up to \$60
Other Lens Options	Up to 20% discount*	N/A
<b>Contact Lenses</b> (in lieu of frame and spectacle lenses)†		
Elective	\$150 allowance	Up to \$150
Medically Necessary**	Covered in full	Up to \$300
<b>Refractive Laser Surgery</b>		
Up to 20% discount‡	Onetime/lifetime \$750 allowance Provider discount up to 25%	Onetime/lifetime \$750 allowance
<b>Frequency</b>		
<b>Eye Examination</b>	Once every 12 months	
<b>Lenses or contact lenses</b>	Once every 12 months	
<b>Frame</b>	Once every 12 months	

## Here's How It Works

When you need to see an eye care professional, simply visit [www.avesis.com/arizona](http://www.avesis.com/arizona) or contact Avēsis' Customer Service Monday through Friday, 7 a.m. to 6 p.m. (AZ) at 855-759-9772 to receive a listing of providers in your area.

- 1 Select a provider**
- 2 Make an appointment**
- 3 Visit the provider for service**
- 4 Pay any copays or additional expenses**

\*\*Avesis has negotiated an Extra Frame Value benefit for ADOA members with Target Optical stores. Members will be eligible to receive a \$25 upgrade to their Frame Benefit when they choose Target Optical for their eye wear needs. Members will receive a \$149.95 Frame benefit at Target Optical with no additional out-of-pocket expense.

Avesis Insurance products are underwritten by Avesis Insurance Incorporated, Phoenix, AZ when insured by Avesis. Administered by Avesis. Policy #: AA-1, Form AA-1.

AVE-724 ©2025 Avēsis, LLC. All Rights Reserved. rev09252025

## Reliable & Dependable

Avēsis provides exceptional vision care benefits for millions of commercial members throughout the country.

The Avēsis vision care products give our members an easy-to-use vision benefit that provides excellent value and protection.

## Retiree Annual Rates

Retiree Only	\$ 47.64
Retiree + Spouse	\$ 159.12
Retiree + One Child	\$ 156.84
Retiree + Family	\$ 197.76

## How can we help you?

**Avēsis Website:**  
[www.avesis.com/arizona](http://www.avesis.com/arizona)

**Customer Service:**  
888-759-9772  
7 a.m. - 6 p.m. AZ

**LASIK Provider:**  
877-712-2010

† Value may be less depending on the providers retail pricing.

\*Discounts are not insured benefits

\*\* Prior authorization is required for medically necessary contacts.

‡ Save up to 25% on average LASIK prices when you use Quallsight (visit [avesis.qualsight.com/-avesis](http://avesis.qualsight.com/-avesis) for more information).

† At participating Walmart/Sam's locations, retail pricing for your plan is \$68.00 .

At participating Costco locations, retail pricing is \$54.99 .



## Using Out-of-Network Providers

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 Avēsis 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 Avēsis provider. Out-of-network claim forms can be obtained by contacting Avēsis' Customer Service Center or your group administrator, or by visiting [www.avesis.com/arizona](http://www.avesis.com/arizona).

## Termination Provisions

The coverage will continue as long as the group policy remains in force, the premiums are paid, and as long as the employee and any covered dependents remain eligible and the employees coverage remains in force.

## 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). Refractive Laser Surgery is considered an elective procedure, and may involve potential risks to patients. Avēsis is not responsible for the outcome of any refractive surgery. Discounts on materials are not available at Walmart locations. Members may not use their contact lens allowance toward fitting fees at Walmart and are responsible for any out-of-pocket fees associated with fittings there. Discounts on materials are not available at Costco locations. ID cards are not required for services.

## Limitations and Exclusions

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

## Exclusions

No benefits will be paid for services or materials connected with or charges arising from:

1. Orthoptic or vision training, subnormal vision aids, and any associated supplemental testing; Aniseikonic lenses;
2. Medical and/or surgical treatment of the eye, eyes, or supporting structures;
3. Any Vision Examination, or any corrective eyewear, required by an Employer as a condition of employment and safety eyewear, unless specifically covered under the Policy;
4. Services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether Federal, state, or subdivisions thereof;
5. Plano (non-prescription) lenses;
6. Non-prescription sunglasses;
7. Two pair of glasses in lieu of bifocals; or
8. Services or materials provided by any other group benefit plan providing vision care.

Lost or broken lenses, frames, glasses, or contact lenses will not be replaced except in the next Benefit Period when Vision Materials would next become available.

## Refractive Surgery Vision Benefit Exclusions

Benefits are not payable for any of the following:

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

Avēsis  
1295 W. Washington Street, Suite 212  
Tempe AZ 85281