

# Nick M B Enterprises LLC dba Black Oil Field Services

Group Number: 30914-1141

Plan Number: 130130CZ1



Member Copay		Frequency		
Vision Exam	\$10 copay	Vision Exam	Once every 12 months	
Materials Applies to frame or spectacle lenses, if applicable.	\$10 copay	Lenses or Contact Lenses	Once every 12 months	
		Frame	Once every 24 months	
Vision Care Services		In-Network Member Cost*		Out-of-Network Reimbursement
Vision Exam				
Includes refraction		Covered in full after \$10 copay		Up to \$35
Retinal Imaging		Up to \$45 member out-of-pocket (OOP) maximum		N/A
Contact Lens Fit and Follow-up (CLEFFU)				
Standard CLEFFU		Up to \$50 member OOP maximum		N/A
Custom CLEFFU		Up to \$75 member OOP maximum		N/A
Frame Allowance				
Up to 20% discount above frame allowance.*		\$130 allowance		Up to \$45
Standard Spectacle Lenses				
Single Vision		Covered in full after \$10 copay		Up to \$25
Bifocal		Covered in full after \$10 copay		Up to \$40
Trifocal		Covered in full after \$10 copay		Up to \$50
Lenticular		Covered in full after \$10 copay		Up to \$80
All Other Progressives		Balance after \$50 allowance + up to 20% off retail		Up to \$40
Preferred Pricing Options*		Level 1 Option Package		
Polycarbonate (Single Vision/Multi-Focal)		\$40/\$44 member OOP maximum		N/A
Standard Scratch-Resistant Coating		\$17 member OOP maximum		N/A
Ultraviolet Screening		\$15 member OOP maximum		N/A
Solid or Gradient Tint		\$17 member OOP maximum		N/A
Standard Anti-Reflective Coating		\$45 member OOP maximum		N/A
Standard Progressives†		\$50 allowance		Up to \$40
Premium Progressives		Balance after \$50 allowance + up to 20% off retail		Up to \$40
Plastic Photochromic (Single Vision/Multi-Focal)		\$70/\$80 member OOP maximum		N/A
Polarized		\$75 member OOP maximum		N/A
PGX/PBX		\$40 member OOP maximum		N/A
Other Lens Options		Provider discount up to 20%		N/A
Contact Lenses‡				
Elective		\$130 allowance		Up to \$110
Medically Necessary§		Covered in full		Up to \$250
Refractive Laser Surgery				
Up to 25% provider discount.*		Onetime/lifetime \$150 indemnity allowance		Onetime/lifetime \$150 indemnity allowance

## Rates

### Employee Paid - Monthly

Employee Only	\$ 10.56
Employee + One	\$ 18.48
Employee + Family	\$ 27.46

## Here's How It Works

1. Find a provider at [www.avesis.com](http://www.avesis.com).
2. Make an appointment.
3. Visit the provider for service.
4. Pay any copays or additional expenses.

## How can we help you?

### Avēsis Website:

[www.avesis.com](http://www.avesis.com)

### Customer Service:

855-214-6777

7 a.m. - 8 p.m. EST

### LASIK Provider:

877-712-2010

### ^Hearing Provider:

844-366-0039 TTY: 711

\*Discounts are not insured benefits.

†After \$50 allowance, the member's out of pocket cost is \$75 for L1 progressives or \$110 for L2 progressives.

‡In lieu of frame and spectacle lenses.

§Enhanced benefit for certain conditions.

\*Save up to 25% on average LASIK prices when you use Quasight (visit [quasight.com/-avesis](http://quasight.com/-avesis) for more information).

^Discounts available on hearing tests and hearing aids via Amplifon.

At participating Walmart/Sam's locations, retail pricing for your plan is \$68. At participating Costco locations, retail pricing is \$74.99.

## 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, unless the provider accepts an assignment of benefits. 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](http://www.avesis.com).

## 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. 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

Vision Examination and Vision Materials. Fees charged by a Provider for services other than Vision Examination or covered Vision Materials must be paid in full by the Insured Person to the Provider. Such fees or materials are not covered under the Policy.

Benefit allowances provide no remaining balance for future use within the same Benefit Period.

## 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 eye or 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**

10400 N 25th Ave.,  
Suite 200,  
Phoenix, AZ 85021



# Our *Vision* is in your future



## See Clearly to Live Fully

Understanding what's available to you and how to get the most out of your Avēsis vision plan helps keep your out-of-pocket expenses low. Our extensive provider network offers services at a good cost with quality oph, opt, and major retailers near you. **Your plan includes the benefits below.**

### Routine Eye Exam

Your plan provides coverage for an annual comprehensive eye exam, covered in full (after copay, if applicable). Those routine eye exams can anticipate a host of health issues:<sup>1</sup>

- Diabetes
- Thyroid disease
- High blood pressure
- Autoimmune disorders
- High cholesterol
- Tumors
- Glaucoma, cataracts, macular degeneration
- Cancer

### FRAMES

Your plan entitles you to a pair of frames up to your frame allowance.

### Standard Spectacle Lenses

Your plan entitles you to a pair of standard spectacle lenses, covered in full after a materials copay (if applicable).

### Contact Lenses

Your plan covers contact lenses up to your plan allowance, instead of frames and spectacle lenses.

### LASIK Benefit

The one-time LASIK benefit is in addition to, not in place of, your eyeglass or contact lens benefit. Using our LASIK partner, Quallsight, saves members up to 25 percent on the provider's lowest advertised price. For participating providers, visit <https://www.quallsight.com/-avesis>.

### Enhanced Vision

You can access and manage your benefits from the member portal at [www.avesis.com](http://www.avesis.com).

If you have questions about your vision care benefits, please contact your HR department. Check out the FAQ section at [www.avesis.com/members](http://www.avesis.com/members) for answers to common questions.

## Using your benefits is easy as 1-2-3.



### 1. Locate a provider.

Use our provider directory — at [www.avesis.com](http://www.avesis.com), or at 800-828-9341 — to find a provider within a 5- to 50-mile radius.



### 2. Make an appointment.

Identify yourself as an Avēsis member. The provider's staff will verify benefits before your visit.



### 3. See the provider.

That's it! You can relax knowing that our in-network providers give you the best value—in both benefit dollars and satisfaction.

<sup>1</sup> <http://yoursightmatters.com/7-health-problems-eye-exams-can-detect/>, accessed May 2018.

Material discussed is meant for general informational purposes only and is not to be construed as medical advice. Although the information has been gathered from sources believed to be reliable, please note that individual situations can vary. You should always consult a licensed professional when making decisions concerning eye care.



# Vision at a Distance

## Avēsis Vision Delivered

### Improve Your Vision and Update Your Look—From The Comfort Of Home

Introducing Avēsis Vision Delivered, powered by United Vision Plan (UVP. Keep your vision sharp and your look fresh even when you can't visit your provider. Shop online for new glasses using your in-network benefits — without having to file a claim form. Avesis Vision Delivered delivers!

### Get The Most Out Of Your Vision Insurance Benefits



Call customer service, available 24/7, at 844-244-1184 with questions or concerns.



Use our virtual try-on tool to see how the glasses will look on you.



Enjoy a risk-free shopping experience with free shipping and returns.



Choose from more than 6,000 styles of glasses and sunglasses, including designer brands.



Choose state-of-the-art coatings and lenses for all prescription types: blue light blocking, mirrored, polarized, Transitions®, polycarbonate, digital progressive, and thin high-index lenses.

### Ordering glasses online is easy!

1. Log into your Avēsis account.
2. Click the link to our online portal.
3. Explore thousands of styles.
4. Try on glasses virtually.
5. Complete your order. (Enter your prescription manually or upload a photo to your account.)
6. Enjoy free shipping, free returns, and a risk-free, money-back guarantee.

Avēsis vision insurance products are underwritten by Fidelity Security Life Insurance Company® (FSL), Kansas City, MO, when insured by FSL. For costs and complete details of coverage, call your insurance salesperson or email us at [sales@avesis.com](mailto:sales@avesis.com). United Vision Plan (UVP) is an independent, full-service vision products company providing frames and optical lenses for Avēsis. UVP is not affiliated with Avēsis.

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Avēsis  
10400 N 25<sup>th</sup> Ave.,  
Suite 200  
Phoenix, AZ 85021

[www.avesis.com](http://www.avesis.com)



# Your Cost-Saving LASIK Benefits from QualSight

## Your Avēsis LASIK Program

If you've always wondered what it would be like to see better without glasses or contact lenses, LASIK is your chance to find out. Our program offers savings, quality, and choice.

### How It Works

1. Call **877-712-2010**.
2. Discuss the program with a QualSight care manager, who will answer any questions.
3. Choose your physician.
4. Make an appointment.

### What It Costs

Traditional: \$945/eye  
Custom: \$1,395/eye  
Custom Bladeless: \$1,795/eye

### Use Your FSA or HSA Dollars

LASIK is an eligible pre-tax expense, which means you can use your FSA or HSA dollars. In addition, QualSight offers flexible financing options, up to 12 months interest-free from participating providers for qualified applicants.

### What the Price Includes

Your LASIK discount plan includes the following:

- Preoperative Exam
- LASIK Procedure
- Postoperative Visits
- One-Year Assurance Plan\*

Pricing is not affected by your prescription or astigmatism.

## Savings

Get preferred pricing on LASIK from participating providers across the country.

## Quality

Get the experience and skill of providers who've collectively performed more than 6.5 million procedures.

## Choice

Choose a convenient physician with the reputation, experience, and technology you need from among 900 locations.

\*Lifetime Assurance Plans are available at participating providers for an additional cost.

QualSight® LASIK is a vision correction benefit management company that provides certain vision correcting procedures through a third-party arrangement between Avēsis and QualSight. For costs and complete details of coverage, call your insurance salesperson or email us at [sales@avesis.com](mailto:sales@avesis.com).

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Avēsis  
10400 N 25<sup>th</sup> Ave.,  
Suite 200  
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[www.avesis.com](http://www.avesis.com)



# Vision FAQ's

## How-to Questions

### How do I find a Provider?

Avesis' easy-to-access and use digital tools, like the **Provider Finder**, allows members to search for conveniently located providers who participate in their plan. Log in to the member portal and input search options to create the most accurate list of providers covered by your plan.

### How do I get an ID card?

If you need vision care services but you haven't received your Avēsis ID Card yet, print a temporary ID card. Simply log in to the member portal and select **Print ID Card**.

### How can I use my benefits?

Details about your Avēsis vision care benefits can be found in your group's Summary Plan. At any time, additional products and services that exceed the covered plan allowance are available to members at a substantial discount.

### How do I submit a claim for reimbursement to Avēsis?

If you use an in-network provider, you don't have to file a claim. Members who choose out-of-network providers are responsible for making full payment at the time of service. For reimbursement up to plan allowances, submit claim through member log in or submit the form found on our site, and mail it with your detailed receipt for services to:

Avēsis Third Party Administrators, Inc.  
Claims Department  
PO BOX 38300  
Phoenix, AZ 85069-8300

## Provider-Related Questions

### Do I have to select a doctor when I sign up for a vision care plan?

No. Once you are eligible for the plan's covered services, simply select a provider from our **Provider Directory**. When you make an appointment, please let the provider's office know that you are an Avēsis member by providing your name and member ID. They'll take care of the rest!

### What is the difference between participating provider benefits and non-participating provider benefits?

You'll save more money when choosing a provider who is in the Avēsis program. Our in-network providers offer members quality care at a good cost. However, we want you to have control of your health and flexibility in how you use your supplemental benefits.

### Can I go to any provider?

Absolutely. The Avēsis vision care program gives you the freedom to choose a provider you like at the office you prefer. If you visit an out-of-network provider, you'll pay in full at the time of service, then submit a claim to us for reimbursement up to your covered amounts. (See your benefit summary for details.) Claim forms can be found on our site. Mail a completed form with your detailed receipt for services to:

Avēsis Third Party Administrators, Inc.  
Claims Department  
PO BOX 38300  
Phoenix, AZ 85069-8300

You'll get the maximum financial benefit when you use a participating provider; however, we offer some out-of-network benefits depending upon your plan. Reimbursement is based upon your group's benefit schedule.

## Plan Questions

### What is covered in the plan?

Most Avēsis plans are comprehensive and include eye examinations and corrective eyewear once you've made the necessary copayments. Copay amounts and other details vary by plan, so visit the member portal to check your exact benefits. Should you choose options that are not covered in your plan or exceed the coverage allowance, simply pay the difference at the time of service.

### What type of frames does Avēsis cover?

You may choose any frame in your provider's inventory or on the market today! If you stay within your plan allowance, you'll incur no out-of-pocket expenses. If you exceed your plan allowance, you'll still get that frame at a discount.

Avēsis is not owned by, nor do we own retail optical outlets, optical labs, or frame or lens manufacturers, so we have no vested interest in your selection. Our goal is to provide tailored the best vision care benefits that are accessible and affordable.

### What types of spectacle lenses are covered?

Avēsis covers standard single-vision, bifocal, and trifocal lenses in plastic or glass. Specialty lenses—progressive, photo-chromatic, and high-index—are available to members at a uniform discounted price. Your allowance is equal to the plan payment for standard lenses, and you'll pay only the difference between the allowance and the discounted price, resulting in substantial savings for you.

You'll save on lens coatings—tints, anti-reflective, and scratch-resistant coatings—too, available at the uniform discounted price.

Avēsis gives you and your provider control in determining your eyewear needs.

### What are medically-necessary contacts?

When a vision care provider has determined that spectacle lenses and frames will not achieve the best vision correction possible due to a medical condition, contact lenses are deemed medically necessary. In most cases, the following diagnoses will qualify a member for medically-necessary contacts (prior approval is required):

- Keratoconus
- Corneal trauma
- Post-cataract surgery
- Anisometropia

### If I need medical or surgical treatment for eye disease or an eye injury, should I go to an Avēsis provider?

No. Your major medical plan will usually cover eye disease or injury. The Avēsis plan covers primary vision care. If you have a medical emergency, call 911 or go to the nearest hospital emergency room.

### Can I receive vision care services from an Avēsis participating provider without an ID card?

Yes. To schedule an appointment, provide your name and date of birth. Tell the provider's office that you're an Avēsis plan member, and they'll do the rest.

### If I have questions about my Avēsis plan, whom should I call?

We strive to exceed your expectations. Please call 855-214-6777 for member services or visit our **Contact Us** page to submit an inquiry.



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☐ I am Waiving Vision Insurance

## AVĒSIS ADVANTAGE VISION CARE EMPLOYEE ENROLLMENT FORM

PLEASE PRINT LEGIBLY

Underwritten by Fidelity Security Life Insurance Company® Kansas City, Missouri

Policy No. VC-16

### TO BE COMPLETED BY THE EMPLOYEE

Employee Last Name		Employee First Name		MI
Date of Birth / /	Social Security Number - -		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Street Address				Apartment No.
City		State	Zip Code -	

Do you wish to cover your eligible dependents? ☐ Yes ☐ No

If yes, complete the following:

	Dependent Name	Date of Birth
Spouse/Domestic Partner		/ /
Child		/ /
Child		/ /
Child		/ /
Child		/ /
Child		/ /
Child		/ /

☐ I would like to cover additional eligible dependents (PLEASE LIST ON A SECOND ENROLLMENT FORM)

By signing below, I agree to receive all documents and correspondence electronically and that I can access the internet or the email address provided. I understand that I may revoke this authorization or request specific paper documents without revoking this authorization by contacting the Company [or Administrator] by mail, email, or telephone.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 and subjects such person to criminal and civil penalties.

I authorize deductions from my earnings at the required contributions towards the cost of the coverage.

Signature	Date / /
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### TO BE COMPLETED BY THE EMPLOYER

<input type="checkbox"/> New Enrollment	<input type="checkbox"/> Add ○ Dependents	<input type="checkbox"/> Change ○ Address      ○ Phone ○ Name        ○ COBRA	<input type="checkbox"/> Cancel Coverage ○ Policy Holder ○ Dependent(s)
Reason for Change	<input type="checkbox"/> Employment Status <input type="checkbox"/> Qualifying Event: (PLEASE STATE) _____		
Requested Effective Date / /	Date of Employment / /		