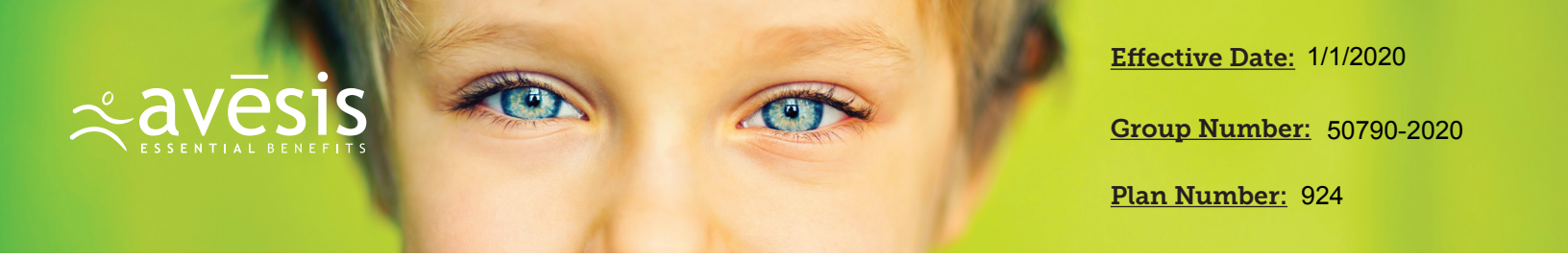

avēsis ESSENTIAL BENEFITS

Effective Date: 1/1/2020

Group Number: 50790-2020

Plan Number: 924

Professional Law Enforcement Association

An In-Depth Look

Reliable & Dependable

Avēsis is a national leader in providing exceptional vision care benefits for millions of commercial members throughout the country. The Avēsis vision care products give our members an easy-to-use wellness benefit that provides excellent value and protection.

Employee Paid Rates Per Month

Employee	$8.14
Employee + Dependent	$14.25
Employee + Family	$21.17

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

Vision Care Services	In-Network Member Benefits	Out-of-Network Reimbursement
Eye Examination	Covered in full after $10	Up to $35.00
Materials: $10 copayment	(Materials copay applies to frame or spectacle lenses, if applicable.)	
Frame Allowance*	Members receive a $50 wholesale allowance Up to $150 retail value†	Up to $45.00
Standard Spectacle Lenses		
Single Vision	Covered in full after materials copay	Up to $25.00
Bifocal	Covered in full after materials copay	Up to $40.00
Trifocal	Covered in full after materials copay	Up to $50.00
Lenticular	Covered in full after materials copay	Up to $80.00
Standard Progressives	Covered up to $50, plus 20% off retail	up to $40.00
Other Lens Options‡ Lens Options are discounted up to 20% off retail		
Contact Lenses§ (in lieu of frame and spectacle lenses)		
Elective	$130 allowance	$130.00
Medically Necessary	Covered in full	$250.00
Refractive Laser Surgery	Provider discount up to 25% One-time/lifetime allowance of $150	$150.00
Frequency		
Eye Examination	Once every 12 Months	Once every 12 Months
Lenses or contact lenses	Once every 12 Months	Once every 12 Months
Frame	Once every 24 Months	Once every 24 Months

‡ Discounts are not insured benefits

§ Prior authorization is required for medically necessary contacts.

How can we help you?

Avēsis Website:
www.avesis.com

Customer Service:
800-828-9341
7 a.m. - 8 p.m. EST

LASIK Provider:
877-712-2010

Here's How It Works

When you need to see an eye care professional, simply visit www.avesis.com or contact Avēsis' Customer Service Monday through Friday, 7 a.m. to 8 p.m. (EST) at 800-828-9341 to receive a listing of providers in your area.

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

† Values provided may be more or less depending on the providers retail pricing.

* At participating Walmart locations, retail pricing for your plan is $68. 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.

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:

There are no benefits under the plan for professional services or materials connected with and arising from:
1) Orthoptics or vision training;
2) Subnormal vision aids and any supplemental testing, aniseikonic lenses;
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 supporting 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 and safety eyewear;
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) Services or materials provided by any other group benefit plan providing vision care.

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.

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.

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.

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

INDIVIDUAL APPLICATION
FOR VISION COVERAGE
(Please Print or Type)

Employer (Group) Name **Professional Law Enforcement Association, Inc.**	Group# / Division / Class **PLEA**
Applicant's Last Name First	Middle Initial ❑ Male ❑ Female
Social Security Number – Last 4 digits only	Date of Birth: (Month / Day /Year)
Street Address City	State Zip
Telephone #: ( )	Email:

VISION COVERAGE TYPE REQUESTED (Rates valid until 12/31/21):

❑ Member ($24.42 Quarterly) ❑ Member + One ($42.75 Quarterly) ❑ Member + Two or More ($63.51 Quarterly)

EFFECTIVE DATE: First of Following Month after Approval

COMPLETE: THE FOLLOWING FOR ALL FAMILY MEMBERS FOR WHOM YOU ARE REQUESTING COVERAGE

LAST NAME	FIRST NAME	INITIAL	STUDENT (Yes / No)	M / F	DATE OF BIRTH Month / Day / Year
Spouse					

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST ANY INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAIN A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

I HEREBY APPLY FOR ENROLLMENT FOR VISION COVERAGE.

SIGNATURE **DATE**

Enclose your quarterly check or fill in your Visa / MasterCard / Discover information.

Administered by Republic Underwriters, Inc.

Scott W. Dickinson, President
P.O. Box 1197 Troy, MI 48099-1197
Toll-Free Phone: 800-248-0438 ext.1015
Fax 248-641-8857
www.republicund.com
scottd@republicund.com

Name: _____

Card Number: _____

Expiration Date: _____

CVV2# (last 3 digits on back of card _____

Signature: _____

❑ Please re-bill my card annually.