



## AVALON VISION PLANS

Vision Benefit Plans for  
Groups and Individuals



*WE SEE VISION DIFFERENTLY*

# At **AVALON**, we see **VISION** DIFFERENTLY

At Avalon Healthcare we offer a different view of healthcare insurance. So it's no surprise that we see vision coverage differently too. We know Avalon Members want access to the best eye care possible so we've created a dynamic selection of plan options from which to choose. All with a large selection of private and retail locations throughout the State of Florida.

Whether you are an individual Member or group Member, you can receive the same benefit options.

## **Avalon Vision Offers Three Distinct Value-Focused Vision Plans:**

### **Focus One Discount Plan**

All Avalon Members automatically receive this plan with their health insurance. It's a value added product we provide at no cost to Members. Receive discounts for eye exams, eyeglasses, contact lenses, mail order service and additional optical discounts. Members with insured plans can utilize this option after they've exhausted their insured benefits.

### **Focus One Standard Plan**

This comprehensive coverage option is offered to Members who want a quality insured vision plan. Eye exams are covered with a co-pay and Members receive specified frames, lenses and contact lens benefits.



### **Focus One Elite Plan**

Provides added benefits to the standard plan. It's for Members who want the best benefit design we offer.

Whether you need a private doctor or want to visit a leading retailer, the choice is yours. Avalon's vision network has more than 700 optical locations throughout the State of Florida. Retail outlets include Target Optical, JCPenney Optical, Sears Optical, For Eyes Optical and VisionWorks.

To review the entire network visit:  
**[www.avalonhealthcare.com](http://www.avalonhealthcare.com)**  
or contact your insurance agent for more information.

*Avalon Vision underwritten by Advantica Eyecare.*



877-280-0010 — [www.avalonhealthcare.com](http://www.avalonhealthcare.com)

# AVALON FOCUS ONE VISION PLANS

Receiving your vision benefit is as easy as visiting your Avalon Healthcare provider.

To locate Network Providers, visit our website at [www.avalonhealthcare.com](http://www.avalonhealthcare.com) or call toll free, **866-425-2323**, and speak with a Vision Services Representative.

A Spanish speaking Customer Service Representative is also available.

COVERAGE	DISCOUNT PLAN	STANDARD PLAN	ELITE PLAN
COMPREHENSIVE EYE EXAMINATION	U&C less 10% or \$45, whichever is less	\$20 co-pay	\$20 co-pay
EYEGLASS LENSES	Single: \$35	Single: \$35	\$20 co-pay:
	Bifocal: \$55	Bifocal: \$55	Single
	Trifocal: \$85	Trifocal: \$85	Bifocal
	Lenticular: U&C less 10% Frame: U&C less 15%	Lenticular: U&C less 10% Frame: U&C less 15%	Trifocal Lenticular
			<i>*Additional \$50 co-pay for Standard Progressive</i>
EYEGLASS LENS OPTIONS	Ultra Violet Lens Coating: \$12	Ultra Violet Lens Coating: \$12	<i>*Additional \$70 co-pay for lenses that transition</i>  Paid in full with designated frame selection; \$100 allowance toward any Rx eyeglass purchase.
	Scratch Coating: \$12	Scratch Coating: \$12	
	Anti-reflective Coating: \$36	Anti-reflective Coating: \$36	
	Polycarbonite: \$30	Polycarbonite: \$30	
	Polarized-Single Vision: \$36	Polarized-Single Vision: \$36	
	Polarized-Bifocal: \$54	Polarized-Bifocal: \$54	
EYEGLASS FRAMES	U&C less 15%	U&C less 15%	
CONTACT LENS EXAMINATION	U&C less 10% or \$85, whichever is less		
CONTACT LENSES - CONVENTIONAL / DISPOSABLE	U&C less 10% or 20%	U&C less 10% or 20%	\$100 allowance less co-pay
CONTACT LENSES - MEDICALLY NECESSARY	U&C less 10% or 20%	U&C less 10% or 20%	\$250 allowance less co-pay
CONTACT LENS FITTING FEE	Included in contact lens exam	Included in contact lens exam	\$30 allowance
LASER VISION CORRECTION	U&C less 15%	U&C less 15%	U&C less 15%
OUT-OF-NETWORK	N/A	Exam reimbursed up to \$40, less applied co-pay	Exam reimbursed up to \$40, less applied co-pay
			Eyeglass lenses reimbursed, less applied co-pay:
			Single - up to \$20
			Bifocal - up to \$40
			Trifocal - up to \$60
Lenticular - up to \$100			
Frames reimbursed up to \$40 contact lenses up to \$60			
BENEFIT FREQUENCY (CO-PAYS)	N/A	Once every 12 months	Once every 12 months

**This is a benefit summary. It is intended for informational purposes only, and does not represent a full description of benefits provided. For a complete description of benefits and exclusions, please refer to the insurance policy certificate and schedule of benefits.**



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