

CARRIER LOGO HERE

SAMPLE CARRIER VISION INSURANCE

Member

Member Name: JOHN SAMPLE

Member ID #: 05XXXXXX

Group #:

Plan #: XXXX

Dependent(s) Name:

JANE SAMPLE

JIM SAMPLE



Vision Insurance/Hearing Insurance

Effective Date:

Coverage Type: [Subscriber & Children]

Plan Name: Sample Carrier Vision and Hearing
130

Vision Benefits (in-network)

Vision Exam: \$10 copay

Con./Disposable Contact Lenses: \$110 allowance, subject to \$10
copay Frames and Standard Plastic Lenses: subject to combined \$10
copay Frames: \$130 allowance

Standard Plastic Lenses: Single Vision, Lined Bifocal,
Lined Trifocal, Lenticular

Progressives: \$50 allowance, not subject to copay

Hearing Benefits

Insured and Discount

Cornea Benefits

Cornea rider included

Claims Submission

Avesis claims, customer service and Explanation of Benefits (EOB):

- 866-678-7122
- Member portal: <https://www.avesis.com/commercial3/members/index.aspx>

Vision/hearing claims submission:

Avesis Third Party Administrators, Inc.
Vision Claims OR Hearing Department
P.O. Box 38300
Phoenix, AZ 85069-8300

This card is not a guarantee of coverage.

Eligibility

Billing inquiries and general questions:

800-XXX-XXX
www.

Avesis customer service/vision network access:

- **Members:**
 - 866-678-7122
 - <https://www.avesis.com/commercial3/members/index.aspx>
- **Providers:**
 - 866-772-2456
 - <https://www.avesis.com/commercial3/providers/index.aspx>

Amplifon hearing insurance information:

- 866-918-6513
- www.amplifonusa.com/ihcgroup