

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.