

Independence American Vision Insurance

Vision and hearing insurance for individuals and families

Underwritten by Independence American Insurance Company, (IAIC), domiciled in Delaware, a member of the IHC Group. For more information about IAIC, visit the website at https://www.independenceamerican.com

This policy is jointly administered by The Loomis Company and Avēsis Incorporated acting as third party (authorized) administrators on behalf of Independence American Insurance Company.

Independence American Insurance Company
A Member of The IHC Group

Brochure Independence American Vision Insurance 0621

All benefits listed apply per covered person. The premiums will vary with the amount of the benefit selected.

The preferred provider for Independence American Vision Insurance is Avesis. In-network frames and standard plastic lenses subject to combined copay: Independence American Vision 100 is subject to $25 copay and Independence American Vision and Hearing 130 is subject to $10 copay. In-network contact lenses subject to the same copay in lieu of frames and standard plastic lenses.

Vision Benefits

	Independence American Vision 100		Independence American Vision and Hearing 130	
	In-Network Preferred Provider	**Out-of-Network Non-Preferred Provider**	**In-Network Preferred Provider**	**Out-of-Network Non-Preferred Provider**
Vision Examination* (1 per person, every 12 months)	$10 copay	Up to $35	$10 copay	Up to $35
Vision Materials Combined Copay	$25 copay	Not Applicable	$10 copay	Not Applicable
Standard Plastic Lenses* (1 per person, every 12 months)				
Single Vision	Paid in full after Vision Materials Combined Copay	Up to $25	Paid in full after Vision Materials Combined Copay	Up to $25
Lined Bifocal	Paid in full after Vision Materials Combined Copay	Up to $40	Paid in full after Vision Materials Combined Copay	Up to $40
Lined Trifocal	Paid in full after Vision Materials Combined Copay	Up to $50	Paid in full after Vision Materials Combined Copay	Up to $50
Lenticular	Paid in full after Vision Materials Combined Copay	Up to $80	Paid in full after Vision Materials Combined Copay	Up to $80
Progressives	$50 allowance	Up to $40	$50 allowance	Up to $40
Frames (1 per person, every 24 months)				
Frames	$100 allowance after Vision Materials Combined Copay	Up to $25	$130 allowance after Vision Materials Combined Copay	Up to $25
Contact Lenses (1 per person, every 12 months) *In lieu of frames or standard plastic lenses*				
Conventional or Disposable	$110 allowance after Vision Materials Combined Copay	Up to $80	$110 allowance after Vision Materials Combined Copay	Up to $80
Medically Necessary Contact Lenses	Paid in full after Vision Materials Combined Copay	Up to $250	Paid in full after Vision Materials Combined Copay	Up to $250
Cornea Benefits				
Eye Bank Corneal Tissue Preparation Fee for Corneal Transplants	Paid up to $8,000		Paid up to $8,000	

* One additional post-operative exam and set of lenses covered if a patient receives corneal transplant

Hearing Benefits

	Independence American Vision 100	Independence American Vision and Hearing 130
Testing and Fitting 1 per person		$48* allowance every 24 months
Hearing Aids 1 per ear		$300* allowance every 60 consecutive months

* Benefits may vary based on your state and the policy you've chosen. Please read your policy carefully for details on your specific coverage.

Eligibility

Independence American Vision Insurance is available to the primary applicant age 18 to 64 and can include spouse ages 18 to 99 and children ages 0 to 26.

- » Primary applicants ages 65 to 99 can only have single coverage; spouse and children cannot be included.
- » Rules are based on applicant's age at time of issue. Covered dependents may remain on the plan even when the primary insured ages past 65.

Limitations

Fees charged by a provider for services other than what is specifically listed as covered must be paid in full by the insured to the provider. Such fees or materials are not covered under this policy.

Non-preferred provider expenses do not apply toward Preferred Provider expenses and Preferred Provider expenses do not apply toward Non-Preferred Provider expenses.

Lost or broken lenses, frames, glasses or contact lenses will not be covered except in the next benefit period when vision materials would next become available.

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;
2. Aniseikonic lenses;
3. Medical and/or surgical treatment of the eye, eyes or supporting structures;
4. Any eye or Vision Examination, or any corrective eyewear, required by an employer as a condition of employment and safety eyewear;
5. Services provided as a result of any Workers' Compensation law, similar legislation or required by any governmental agency or program whether federal, state or subdivisions thereof;
6. Plano (non-prescription) lenses;
7. Non-prescription sunglasses; or
8. Two pair of glasses in lieu of bifocals; or
9. Any service or material not listed in the Schedule of Benefits.

Amplifon Hearing Health Care Discounts*

Amplifon Hearing Health Care may offer you additional hearing care savings. Through Amplifon, you have access to:

- **Savings** - Average savings of over 50% off MSRP
- **Custom hearing solutions** – wide choice of products from the industry's leading brands
- **Risk-free 60-day trial** – 100% money back guarantee – no return or restocking
- **Aftercare** – 1-year follow-up care, 2 years of free batteries (up to 80 cells per device) and 3-year warranty covering loss and damage[1]

** This is not an insurance benefit*

[1] Some exclusions apply. Limited to one-time claim for loss and damage. Manufacturer deductibles may apply.

This brochure provides a very brief description of the important features of Independence American Vision Insurance. This brochure is not a certificate of coverage or policy and only the actual certificate or policy provisions will control. The certificate or policy itself sets forth in detail the rights and obligations of both the certificate holder or policy holder and the insurance company. It is, therefore, important that you READ THE POLICY CAREFULLY. For complete details, refer to the Individual Vision Policy, policy form number IAIC-IVIS-POL-0419, Hearing Benefits Rider form number IAIC-IVIS-HBR-0419 and Cornea Health Benefits Rider form number IAIC-IVIS-CHB-0419 (policy number may vary by state).

Independence American Vision Insurance is not available in all states. Availability in a state is subject to change. Not all policies or combinations of benefits are available in all states.

About Independence American Insurance Company

Independence American Insurance Company is domiciled in Delaware and licensed to write property and/or casualty insurance in all 50 states and the District of Columbia. Its products include short-term medical, hospital indemnity, fixed indemnity limited benefit, group and individual dental, and pet insurance. Independence American is rated A- (Excellent) for financial strength by A.M. Best, a widely recognized rating agency that rates insurance companies on their relative financial strength and ability to meet policyholder obligations (an A++ rating from A.M. Best is its highest rating). Located at 485 Madison Ave., Floor 14, New York, NY 10022.

About The Loomis Company

The Loomis Company (Loomis) as an administrator for Independence American Insurance Company, founded in 1955, has been a leading Third Party Administrator (TPA) since 1978. Loomis has strategically invested in industry leading ERP platforms, and partnered with well-respected companies to enhance and grow product offerings. Loomis supports a wide spectrum of clients from self-funded municipalities, school districts and employer groups, to large fully insured health plans who operate on and off state and federal marketplaces. Through innovation and a progressive business model, Loomis is able to fully support and interface with its clients and carriers to drive maximum efficiencies required in the ever evolving healthcare environment.

About Avēsis

Avēsis Incorporated and Avēsis Third Party Administrators, Inc. (Avēsis), are wholly owned subsidiaries of Guardian. Guardian® is a registered service mark of The Guardian Life Insurance Company of America, New York, NY. All rights reserved. Used with express permission. Avēsis provides vision claim and administrative services by agreement with Independence American Insurance Company (IAIC). Neither IAIC nor its subsidiaries are Guardian affiliates.

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