Vision and hearing plan details for **Wellmark Medicare Supplement Members**

Avēsis vision and Amplifon Hearing Health Care® coverage plan details for effective dates on or after Jan. 1, 2027.

	Silver Vision & Hearing 100	Silver Vision & Hearing 130
Monthly premium	$9.78	$15.90
Eye exam	Covered in full after $10 copay, every 12 months[1] **Out-of-network:** up to $35 Refraction: covered in full	Covered in full after $10 copay, every 12 months[1] **Out-of-network:** up to $35 Refraction: covered in full
Materials copay (frames and spectacle lenses)	$25	$10
Frame	Covered once every 24 months, after materials copay up to $100 retail allowance **Out-of-network:** up to $25	Covered once every 24 months, after materials copay up to $130 retail allowance **Out-of-network:** up to $25
Standard plastic lenses	• One pair covered in full after materials copay, every 12 months[1] • Single vision, lined bifocal, lined trifocal, lenticular • Progressive: $50 retail allowance, plus 20% off[2] • Specialty: corresponding standard lens reimbursement, plus 20% off[2] • **Out-of-network:** standard plastic lenses up to $25, lined bifocal up to $40, lined trifocal up to $50, lenticular up to $80, progressives up to $40	• One pair covered in full after materials copay, every 12 months[1] • Single vision, lined bifocal, lined trifocal, lenticular • Progressive: $50 retail allowance, plus 20% off[2] • Specialty: corresponding standard lens reimbursement, plus 20% off[2] • **Out-of-network:** standard plastic lenses up to $25, lined bifocal up to $40, lined trifocal up to $50, lenticular up to $80, progressives up to $40
Contact lenses	• Covered up to allowance, every 12 months[1], in lieu of eyeglasses • Conventional or disposable: $110 allowance • Contact lens allowance and evaluation, fitting and follow-up care (CLEFFU): not covered • Medically necessary: covered in full • **Out-of-network:** conventional or disposable up to $80, medically necessary up to $250	• Covered up to allowance, every 12 months[1], in lieu of eyeglasses • Conventional or disposable: $110 allowance • Contact lens allowance and evaluation, fitting and follow-up care (CLEFFU): not covered • Medically necessary: covered in full • **Out-of-network:** conventional or disposable up to $80, medically necessary up to $250
Lens options	• Up to 20% off Usual, Customary and Reasonable (UCR)[3] • Polycarbonate, scratch resistant coating, tint, ultraviolet protective coating (UV coating), all other lens options	• Up to 20% off Usual, Customary and Reasonable (UCR)[3] • Polycarbonate, scratch resistant coating, tint, ultraviolet protective coating (UV coating), all other lens options
Hearing test	**In network:** hearing screening[4] at no charge every 24 months **Out-of-network:** no coverage	**In network:** comprehensive hearing exam[5] covered up to $48 every 24 months **Out-of-network:** up to $48 reimbursement
Hearing device batteries / maintenance plan	One year of follow-up care Two years of free batteries (160 cells) Three-year loss and damage warranty	$300 hearing device allowance per ear every five years[6], plus discounts above the allowance One year of follow-up care Two years of free batteries (160 cells) Three-year loss and damage warranty
Benefit exclusion periods (also called waiting period)	Waiting periods do NOT apply	Waiting periods do NOT apply

[1] Based on the calendar year.
[2] Additional discounts are not insured benefits. Any specialty lenses or lens options ordered by the member are not funded by the benefit plan, and the member accepts sole financial responsibility for the order.
[3] Certain retail chain locations do not offer further discounts.
[4] Hearing screening: A pass/fail evaluation to determine if additional testing is needed.
[5] Hearing exam: Comprehensive test to determine type and location of hearing loss.
[6] This benefit period is based on five years after member receives a device, not the calendar year.

For more information, please call or visit:

avēsis a GUARDIAN company

(833) 554-1009
www.avesis.com

amplifon Hearing Health Care

(888) 402-4716
www.amplifonusa.com/avesishearing

Members will receive their vision and hearing ID card within two weeks of enrollment.

Please read the benefits document for complete coverage details.

VISION LIMITATIONS AND EXCLUSIONS

Limitations — Fees charged by a Provider for services other than Vision Examination or covered Vision Materials must be paid in full by the Insured Person 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. 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; Aniseikonic lenses; 2. medical and/or surgical treatment of the eye, eyes or supporting structures; 3. any eye or Vision Examination or any corrective eyewear, required by an Employer as a condition of employment and safety eyewear; 4. 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; 5. Plano (non-prescription) lenses; 6. non-prescription sunglasses; or 7. two pair of glasses in lieu of bifocals. Lost or broken lenses, frames, glasses or contact lenses will not be replaced except in the next Benefit Period when Vision Materials would next become available.

TERMINATION OF INSURANCE

This Policy will end on the earliest of the following dates:

1. the last day for which the required premium is not paid, subject to the Grace Period provision; 2. the date it is determined by a court of competent jurisdiction that an Insured Person has committed fraud against the Company; 3. any premium due date on or after the first Policy Anniversary Date. The Company will give at least a 31-day written notice of the Company's intent to non-renew; or 4. any date on or after the date the Company receives written notice of the Insured's intent to cancel.

HEARING BENEFIT PROVISIONS AND EXCLUSIONS

Hearing Examination Benefit — The Company will pay the benefit shown in the Schedule of Benefits for a Hearing Examination performed by a Physician or Audiologist to detect and diagnose Hearing Loss. Services must be received while the Insured's coverage under this Rider is in force.

Hearing Aid Benefit — The Company will pay the benefit shown in the Schedule of Benefits for a Hearing Aid prescribed by a Physician or Audiologist. The Hearing Aid must be ordered and received while the Insured's coverage under this Rider is in force.

Exclusions — In addition to the exclusions in the Policy, no benefits will be paid under this Rider for services or materials:

1. provided free of charge in the absence of insurance; 2. payable under any governmental plan or program whether Federal, state, or subdivisions thereof, except for medical assistance benefits under Title XIX of the Social Security Act (Medicaid); 3. for the medical and/or surgical treatment of the internal or external structures of the ear(s); 4. provided by a Hearing Aid Dispenser; 5. required by an employer as a condition of employment; 6. not prescribed by a Physician or Audiologist; 7. for Hearing Aid batteries, cleaning supplies, or accessories; 8. for ear protection devices or plugs; 9. for Assistive Listening Devices; or 10. for replacement due to loss, theft, of or damage to the Hearing Aid.

Wellmark Iowa

Wellmark Blue Cross and Blue Shield of Iowa is an independent licensee of the Blue Cross and Blue Shield Association.

Avēsis Vision is an independent vision insurance company that does not provide Wellmark Blue Cross and Blue Shield products and services. Avēsis Vision is underwritten by Fidelity Security Life Insurance. Hearing Discount Savings Plan provided by Amplifon Hearing Health Care™. Amplifon Hearing Health Care is an independent company that does not provide Wellmark Blue Cross and Blue Shield products or services.

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