

Vision Choice From Ameritas

Vision coverage specifically designed for 3+ enrolled employees

Now featuring new lower rates!



More than 87% of Americans with vision benefits intend to get an eye exam within the next 12 months.¹

There's never been a better time to give your employees the benefits they need to prioritize their eye health.

1. Choose a network – Do you prefer a plan with the VSP network or EyeMed network?

VSP network



VSP has one of the largest networks of independent doctors nationwide with retail chain affiliates including Costco Optical and Visionworks.



EyeMed network



EyeMed plans are accepted by five of the top six national retail chains, including LensCrafters, Pearle Vision, and Target Optical.



LENSCRAFTERS™



2. Pick a frame allowance – How much do you want the plan to pay toward eyeglass frames? \$130 or \$150?



3. Select a benefit frequency – These plans cover an exam and eyeglass lenses or contacts every 12 months. You decide if the plan provides a frame benefit every 12 or 24 months.

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¹ Benefitspro.com

VSP network plan

VSP offers one of the nation's largest networks of independent providers. With 86% of VSP doctors offering early morning, evening or weekend hours, members can visit a provider on their schedule. Find VSP network providers at [vsp.com](https://www.vsp.com).



When members visit a VSP network provider they'll get:

- 20% off remaining frame balance
- 20% off non-covered complete prescription glasses
- 20-25% off non-covered lens options such as UV coating and polycarbonate lenses
- 15% average off retail for LASIK or PRK laser eye correction, or 5% off promotional price, through a VSP provider
- \$20 on featured frame brands

Based on applicable laws, reduced costs may vary by doctor location.

What the plans pay in-network / out-of-network

Deductible	Choose between \$10 exam & \$25 materials OR \$15 exam & \$15 materials	
Annual eye exam	100% / Up to \$45	
Single vision	100% / Up to \$30	
Bifocal	100% / Up to \$50	
Trifocal	100% / Up to \$65	

	Plan 1	Plan 2
Frames	\$130 / Up to \$70	
Contacts	\$130 / Up to \$105	

Benefit frequencies	12-12-24	12-12-12
Exam-lens-frames		

Monthly rates

	12-12-24	12-12-12
Employee	\$8.24	\$9.04
Employee + spouse	\$17.84	\$19.44
Employee + child(ren)	\$14.44	\$15.76
Family	\$24.04	\$26.16

Upgrade to \$150 / \$150 lens and frame allowances

	12-12-24	12-12-12
Employee	\$8.56	\$9.36
Employee + spouse	\$18.48	\$20.12
Employee + child(ren)	\$14.92	\$16.36
Family	\$24.84	\$27.12

All rates are valid for policies with an effective date through February 1, 2024, and are guaranteed for four years. Voluntary plans may be set to align with the Section 125 plan year.

Limitations

Please refer to the Certificate of Insurance for a complete list of covered procedures. Check for availability in your state. Covered expenses will not include, and no benefits will be payable for:

- In-network contact lens exam – fit & follow-up cost is capped at \$60 (except in WA).
- Vision examinations, lenses and frames more than the frequency as indicated on the plan summary page.
- Services and/or materials not specifically included in the Schedule as covered Plan Benefits.
- Plano lenses (lenses with refractive correction of less than plus or minus .50 diopter) except as specifically allowed in the frames benefit section of the Plan Benefits.
- Services or materials that are cosmetic, including Plano contact lenses to change eye color and artistically painted contact lenses.
- Two pairs of glasses in lieu of bifocals.
- Replacement of spectacle lenses, frames, and/or contact lenses furnished under this plan that are lost or damaged, except at the normal intervals when services are otherwise available.
- Orthotics or vision training and any associated supplemental testing.

- Medical or surgical treatment of the eyes.
- Contact lens modification, polishing or cleaning.
- The refitting of contact lenses after the initial 90-day filing period.
- Contact lens insurance policies or service contracts.
- Additional office visits associated with contact lens pathology.
- Local, state and/or federal taxes, except where law requires us to pay.
- Covered persons may be required to purchase a membership at certain retail locations before accessing plan benefits.
- Plans are not available in FL for groups with less than 51 lives.
- Plan not available in RI.
- Specific plans not listed in this brochure are available for MA and MD.

Consult your sales representative regarding plan availability in the states of MA, WA and MD.

EyeMed network plan

EyeMed offers one of the largest vision networks in the nation with a mix of independent providers and retail chains. Find EyeMed network providers at eyemed.com.



When members visit an EyeMed network provider they'll save:

- 20% off remaining frame balance
- 40% off non-covered complete prescription glasses
- special pricing on lens upgrades such as UV coating & polycarbonate lenses & 20% off non-covered materials
- 15% average off retail price for LASIK or PRK laser vision correction, or 5% off promotional price, at U.S Laser Network locations

Based on applicable laws, reduced costs may vary by doctor location.

What the plans pay in-network / out-of-network

Deductible	Choose between \$10 exam & \$25 materials OR \$15 exam & \$15 materials	
Annual eye exam	100% / Up to \$35	
Single vision	100% / Up to \$25	
Bifocal	100% / Up to \$40	
Trifocal	100% / Up to \$55	
	Plan 1	Plan 2
Frames	\$130 / Up to \$65	
Contacts	\$130 / Up to \$104	
Benefit frequencies		
Exam-lens-frames	12-12-24	12-12-12
	Monthly rates	
Employee	\$7.44	\$8.12
Employee + spouse	\$16.04	\$17.52
Employee + child(ren)	\$13.00	\$14.16
Family	\$21.60	\$23.56
	Upgrade to \$150 / \$150 lens and frame allowances	
Employee	\$7.76	\$8.44
Employee + spouse	\$17.16	\$18.72
Employee + child(ren)	\$13.96	\$15.24
Family	\$23.36	\$25.52

All rates are valid for policies with an effective date through February 1, 2024, and are guaranteed for four years. Voluntary plans may be set to align with the Section 125 plan year.

Limitations

Please refer to the Certificate of Insurance for a complete list of covered procedures. Check for availability in your state. Covered expenses will not include, and no benefits will be payable for:

- Vision examinations, lenses and frames more than the frequency as indicated on the plan summary page.
- Orthoptics or vision training and any associated supplemental testing.
- Plano lenses (lenses with refractive correction of less than plus or minus .50 diopter) except as specifically allowed in the frames benefit section of the Plan Benefits.
- Two pairs of glasses in lieu of bifocals.

- Replacement of spectacle lenses, frames, and/or contact lenses furnished under this plan that are lost or damaged, except at the normal intervals when services are otherwise available.
 - Medical or surgical treatment of the eyes.
 - Plans are not available in FL for groups with less than 51 lives.
 - Plans not available in RI.
 - Specific plans not listed in this brochure are available for MA, MT, ME and MD.
- Consult your sales representative regarding plan availability in the states of MA, WA and MD.

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*Not all providers at Costco locations are VSP network providers. Please verify that your provider is in the VSP network before seeking services. The frame allowance at some retailers may be less due to lower wholesale pricing.

This is not a certificate of insurance or guarantee of coverage. Plan designs may not be available in all areas and are subject to individual state regulations. This piece is not for use in New Mexico. This information is provided by Ameritas Life Insurance Corp. (Ameritas Life). Dental, vision and hearing care products (9000 Rev. 03-16 for Group and 9000 Rev. 02-19 for Individual, dates may vary by state) are issued by Ameritas Life. The Dental and Vision Networks are not available in RI. In Texas, our dental network and plans are referred to as the Ameritas Dental Network. Ameritas, the bison design, "fulfilling life" are service marks or registered service marks of Ameritas Life, affiliate Ameritas Holding Company or Ameritas Mutual Holding Company. © 2022 Ameritas Mutual Holding Company.