

Policy #: 010-301876

Vision Plan Benefits

	VSP Choice Network	Out-of-Network
Annual Eye Exam	Covered in full	Up to \$68
Single Vision Lenses	Covered in full	Up to \$30
Bifocal Lenses	Covered in full	Up to \$50
Trifocal Lenses	Covered in full	Up to \$65
Lenticular Lenses	Covered in full	Up to \$100
Progressive Lenses	See lens options	NA
Frames	\$500	\$70
Contacts (standard) fit & follow up exam	Member cost up to \$60	\$0
Contacts (elective)	Up to \$500	Up to \$145
Contacts (medically necessary)	Covered in full	Up to \$ 210

Deductible

Annual Eye Exam	\$0	\$0
Eyeglass Lenses or Frames	\$0	\$0

Benefit Frequencies (months)

Based on Date of Service

Exam/Lens/Frame	12/24/24
-----------------	----------

Member cost for lens options (May vary by prescription, options chosen and retail location)

Progressive Lenses	Up to provider's contracted fee for lined Bifocal Lenses. The patient is responsible for the difference between the base lens and the progressive lens charge.	Up to Lined Bifocal allowance
Std. Polycarbonate	Covered in full for dependent children \$33 adults	No benefit
Solid Plastic Dye	\$15 (except Pink I & II)	No benefit
Plastic Gradient Dye	\$17	No benefit
Scratch Resistant Coating	\$17-\$33	No benefit
Anti-Reflective Coating	\$43-\$85	No benefit
Ultraviolet Coating	\$16	No benefit

LASIK Advantage

Your eye care plan includes a feature called LASIK Advantage which provides benefits for LASIK and related procedures, including standard LASIK, custom LASIK, LASIK with Wavefront Technology, CustomVue LASIK, LASIK with IntraLase technology and Photorefractive Keratectomy (PRK).

As a participant in the dental plan you earn a lifetime LASIK benefit per eye over time. The benefit amount increases over a four year period, with the highest benefit provided in year four. Benefits are earned for each eye.

If you and/or your eligible dependents are late entrants as described above, you and/or your eligible dependents must wait 0 months from enrollment to be eligible for LASIK coverage; after 0 months the LASIK benefit starts at the year one amount. The LASIK Advantage benefit is available to participants age 18 and older.

This benefit offers choice! Any specialist can be chosen, as there is no network tied to this coverage.

Lifetime Benefit	Year One	Year Two	Year Three	Year Four
Earned per Eye:	\$500	\$500	\$500	\$500

VSP Network

With access to the largest network of independent doctors, VSP members receive services at rates well below walk-in prices at more than 36,000 doctors nationwide. Find a provider at <https://www.vsp.com>



4,500

retail chain affiliates such as



The largest network of independent doctors



94% of VSP doctors offer early morning or evening appointments and access to 24-hour emergency care



No claim forms to complete when you see a VSP doctor



Out-of-network benefits can be used at



Online In-network Options

[Eyeconic.com](https://www.eyeconic.com) is in-network online eyewear store - which means you won't have to pay the full price now, then wait to be reimbursed later. Your vision benefits will be applied directly to your online order. Eyeconic FAQ:

<https://www.vsp.com/eyewear-question.html>

Customer Service

VSP 800-877-7195 www.vsp.com

Mon-Fri 5am-8am, Sat 7am-8pm, Sun 7am-7pm (PST)

Policy #: 010-301876

Hearing Plan Benefits

Annual Hearing Exam	100%
Hearing Aid	50%
Hearing Aid Maintenance	100%

Deductible

Annual Hearing Exam	\$0
Hearing Aid	\$0
Hearing Aid Maintenance	\$0

Benefit Year Maximum

Annual Hearing Exam	Up to \$75
Hearing Aids (per ear)	
Year One	Up to \$1250
Year Two	Up to \$1250
Year Three	Up to \$1250
Hearing Aid Maintenance	Up to \$40

Late Entrant

We strongly encourage you and/or your dependents to sign up for coverage when you are initially eligible. If you choose to enroll after initially declining, you will be considered a Late Entrant. Late Entrants are eligible for only exams for the first 12 months they are covered.

Member Savings

Prescription savings

Just for participating in our dental, vision or hearing care plans, members can save big on prescription medications through one of the world's largest retailers. **No additional cost. Only savings.**

Extra Value

Our plan members, their covered dependents can **save on prescription medications at over 60,000 pharmacies across the nation** including CVS, Walgreens, Rite Aid and Walmart. This Rx discount is offered at no additional cost, and it is not insurance.

Participating pharmacies will give Ameritas plan members their normal health care pharmacy benefit, or the prescription discount, whichever saves them more. Even if the employees already have health insurance pharmacy benefits, they are welcome to check out this Rx discount.

Find a pharmacy near you - <http://www.emsmed.com/vendors/pharmacy.aspx>

Look up a price - <http://www.emsmed.com/vendors/rxpricing.aspx?groupid=Ameritas>

Rx Savings

Members can receive up to 65% savings on generic prescriptions, and overall average savings of 40% across brand name and generic prescription combined.



Save on frames and lenses

Save up to 10% off eyewear frames and lenses purchased at any Walmart Vision Center nationwide. This is available to you without any additional cost to your plan premium.

You may receive savings on the following vision care products at Walmart Vision Centers:



- **top quality frames** for the entire family including today's most popular brands.



- **wide selection of lens options**; all lenses come with scratch resistant coating for no additional charge.



- **safety eyewear.**

Guarantees

Walmart Vision Centers stand behind their products and workmanship by offering:

- 60-day frame and lens satisfaction guarantee.
- 12-month replacement guarantee on broken or damaged frames or lenses.
- lifetime adjustments and cleanings.

Customer Service

Customer Connections **800-487-5553** www.Ameritas.com
Monday - Thursday 7am-12am CST, Friday 7am-6:30pm CST

This document is a highlight of plan benefits provided by Ameritas Life Insurance Corp. as selected by your employer. It is not a certificate of insurance and does not include exclusions and limitations. For exclusions and limitations, or a complete list of covered procedures, contact your benefits administrator.