# **Your Ameritas Vision Plan Options**

Extra discounts on the latest designer frames, an in-network online store and exclusive member extras that save you money on eyewear and much more.

#### ViewPointe® Plan

EyeMed Access Network. 33 provider locations within 25 miles of zip code 32504, including Lenscrafters, Sears Optical, JCPenny Optical, and EyeWorks. 8 of them are open evenings and weekends, and you'll find 100 frames priced \$130 or lower at every location. That's why 97% of EyeMed members visit a network provider.

Online in-network options. Glasses.com and ContactsDirect are both in the EyeMed network. So when you're ready to buy, each site will incorporate your benefit pricing and show your cost after allowances and copays.

Cutting-edge technology. Many EyeMed providers offer digital eye exams and fittings for more precise measurements, plus frame and lens simulators to help you make the best decision on eyewear. Some locations can even have your glasses ready the same day.

## additional EyeMed savings

20% off

remaining frame balance

15% off

remaining contact lens balance and additional contacts after benefit allowance 40% off

non-covered complete prescription glasses

15% off

LASIK and PRK laser surgery retail price or 5% off promotion price

Non-prescription sunglasses. EyeMed sends members a Sun Perks certificate to save up to \$50 off premium, non-prescription sunglasses at sunglasshut.com or any participating Sunglass Hut store. Get your certificate at https://www.eyemedvisioncare.com/sunperks.

Laser vision surgery. Free LASIK exam and special member per-eye prices of \$695-\$1,395 for LASIK and \$1,895 for custom LASIK, when using a LasikPlus featured provider.

EyeMed app. Access your vision benefits in one tap, view your ID card with just a quick shake of your phone and find a provider in under 10 seconds – all while on the go.

### Focus® Plan

VSP Choice Network. 25 provider locations within 25 miles of zip code 32504. For added convenience, 8 of them offer evening and weekend appointments.

Online in-network options. Eyeconic.com is VSP's innetwork 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.

Additional frame allowance. When you select a frame from one of the 34 featured frame brands, you'll get an extra \$20 to spend, on top of your plan frame allowance.

20% off

## additional VSP savings

20% off

remaining frame balance

20-25% off non-covered lens options such as UV coating & polycarbonate promotion price 15% off
LASIK and PRK laser
surgery retail price or
5% off promotion price

non-covered complete

prescription glasses

Non-prescription sunglasses. Ask your VSP doctor about possibly using your VSP frame benefit for non-prescription sunglasses.

Exclusive member extras. Members can take advantage of more than \$2,500 in special offers leading from industry brands such as Nike and Sharper Image at VSP.com.

Laser vision surgery. Your maximum out-of-pocket per eye is \$1,800 for LASIK, \$2,300 for custom LASIK using Wavefront technology, and \$1,500 for PRK. In order to receive the benefit, a VSP provider must coordinate the procedure.





	ViewPointe® Plan		Focus <sup>®</sup> Plan	
What the Plans Pays	at an EyeMed Access Network provider	at an Out-of-Network Provider	at a VSP Choice Network provider	at an Out-of-Network Provider
Annual Exam	Covered in full after \$10 deductible	Up to \$35 after \$10 deductible	Covered in full after \$10 deductible	Up to \$45 after \$10 deductible

When visiting an in-network provider your out-of-pocket expenses are lower and there are no claim forms to complete.

**Benefit frequencies.** You get an exam every 12 months, lenses every 12 months and a frame every 24 months. For lenses, you get contact lenses OR eyeglass lenses during the benefit year.

Deductible	\$0 on frames/lenses	\$0 on frames/lenses	\$0 on frames/lenses	\$0 on frames/lenses
Single Vision Lenses	Covered in full	Up to \$25	Covered in full	Up to \$30
Bfocal Lenses	Covered in full	Up to \$40	Covered in full	Up to \$50
Trifocal Lenses	Covered in full	Up to \$55	Covered in full	Up to \$65
Lenticular Lenses	20% discount	No benefit	Covered in full	Up to \$100
Progressive Lenses	Standard: \$65 Premium: lens cost - 20% discount - \$120 allowance + standard progressive cost	No benefit	Up to provider's contracted fee for bifocal lenses. You're responsible for the difference between the base lens and the progressive charge.	Up to Lined Bifocal allowance
Frames	\$130	Up to \$65	\$150 (the Costco allowance will be the wholesale equivalent)	Up to \$70
Contacts (standard) fit & follow up exam	Your cost is up to \$55	No benefit	Your cost is up to \$60	No benefit
Contacts (elective)	Up to \$130	Up to \$104	Up to \$150	Up to \$120
Contacts (medically necessary)	Covered in full	Up to \$200	Covered in full	Up to \$210

Contact lenses elective allowance can be applied to disposables, and the dollar amount must be used all at once on a 3-or 6-month supply.

## Your Lens Option Cost (may vary by prescription, option chosen and retail location)

Std. Polycarbonate	\$40	No benefit	\$33 adults (covered in full for dependent children)	No benefit
Solid Plastic Dye	\$15	No benefit	\$15 (except Pink I & II)	No benefit
Plastic Gradient Dye	\$15	No benefit	\$17	No benefit
Scratch Resistant Coating	\$15	No benefit	\$17-\$33	No benefit
Anti-reflective Coating	\$45	No benefit	\$43-\$85	No benefit
Ultraviolet Coating	\$15		\$16	No benefit

## **Monthly Rates**

Employee only	\$7.16	\$7.56
Employee + spouse	\$14.24	\$15.12
Employee + children	\$13.40	\$14.04
Employee + spouse & children	\$20.48	\$21.60

This brochure highlights thedental and vision coverage available through Ameritas Life Insurance Corp. 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 for each specific plan, contact your benefits administrator.



