LASIK and Hearing Care Coverage Can Make You Stand Out

Enhance your current benefits package with simple add-ons.

LASIK and hearing care are simple add-on benefits for Ameritas dental and vision plans that offer high value at a low cost.

These easy-to-use plans are not tied to a network so members can seek services from any LASIK or hearing care provider. The benefits can even be used in conjunction with discounts or specials offered by the provider.

Eyesight and hearing play a big role in productivity and accuracy on the job. Adding these simple, robust benefits help employees improve the quality of their vision and hearing, and has a direct impact on your organization's success.

77%
of employees who understand their benefits offering said they saw themselves staying at their organization for the foreseeable future.[1]

Simple Add-on plans

Reward loyal employees with amounts that increase over time. Members who wait to use their LASIK or hearing aid benefits until the third year on the plan will receive a greater benefit.

	Plan 1	Plan 2
LASIK Lifetime Benefit Both Eyes Lifetime maximum per person The benefit is for both eyes, the maximum per eye is half the benefit.	$350 year 1 $350 year 2 $700 year 3	$700 year 1 $700 year 2 $1,400 year 3
Annual Hearing Exam Benefit	$75	$75
Hearing Aid Benefit Both Ears* Plan pays 50% of hearing aid cost up to the maximum beneft amount The benefit is for both ears, the maximum per ear is half the benefit.	$200 year 1 $600 year 2 $800 year 3	$800 year 1 $1,200 year 2 $1,600 year 3
Hearing Aid Maintenance Batteries, service contracts, fittings, ear mold and repairs	$40	$40
Waiting Period	Members who enroll after the initial enrollment period has ended will be considered a late entrant; late entrants are eligible for hearing exams during their first 12 months of coverage— after this, coverage will begin at the Year 1 benefit.	

* Once the hearing aid benefit is used, at any level, members become re-eligible for the benefit, at the top level, after five years as long as there is no break in coverage. A reduced benefit is available after three years if there is hearing deterioration the current aids can't correct, as long as there is no break in coverage.

LASIK Simple Monthly rates	Plan 1	Plan 2
Employee	$0.76	$1.52
Employee and 1 dependent	$1.52	$3.04
Employee and 2+ dependents	$1.88	$3.76
Employee	$0.76	$1.52
Employee and spouse	$1.52	$3.04
Employee and children	$1.16	$2.28
Employee and family	$1.92	$3.8

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SoundCare Simple Monthly rates	Plan 1	Plan 2
Employee	$0.75	$1.50
Employee and 1 dependent	$1.50	$3.00
Employee and 2+ dependents	$1.88	$3.75
Employee	$0.75	$1.50
Employee and spouse	$1.50	$3.00
Employee and children	$1.13	$2.25
Employee and family	$1.88	$3.75

These plans are not available in MA, MT, NH, NM, NY and WA. These plans are not available in FL for groups of less than 51 lives.

Offer benefits employees value and be an employer of choice.

Simple Add-ons guidelines, exclusions and limitations

- Participation is tied to an eligible group dental or vision plan; in no event can a person be covered for the LASIK and/or SoundCare add-on and not be covered in the group dental or vision plan or vice versa.
- LASIK and hearing care benefits are available for fully insured or Administrative Services Only (ASO) groups.
- Minimum of 10 or more enrolled lives required; employees and their eligible dependents must enroll in the same plan—dependent age limitations apply; no more than 20% of participating eligible employees can be retired.
- The late entrant provision applies unless the group has a Section 125 plan and annual open enrollment. In VT, the waiting period cannot exceed 6 months.
- Members can change coverage during the annual election period; however, if members terminate coverage, they must wait until the next annual election period to re-enroll.
- A $15 monthly administrative fee will apply for groups with 15 or fewer enrolled employees, subject to state requirements. The fee is waived if the group elects to pay by electronic funds transfer.

Covered expenses will not include, and no benefits will be payable for, expenses incurred for:

LASIK

- Charges for which the plan member is not liable or which would not have been made had no insurance been in force.
- Exams performed, any procedure begun, or supplies furnished before the member was covered under the LASIK or hearing expense benefit, or after the member's coverage ceases.
- Any procedure not shown in the Schedule of LASIK Services or Schedule of Hearing Care Services.
- LASIK or hearing care services or supplies in the first 12 months that a person is insured if the person is a late entrant, except hearing exams; after this 12-month period, the maximum amount payable per plan member will begin at the 1st Benefit Period as shown in the Schedule of Benefits.
- Laser vision correction procedures other than LASIK, LASIK with Wavefront Technology, LASIK with IntraLase Technology, Photorefractive Keratectomy (PRK), Advanced Surface Ablation (ASA) and LASEK.
- No LASIK benefit will be payable for any insured under the age of 18.

Hearing

- Cases in which the plan member is entitled to benefits under any workers' compensation or similar law, or charges for services or supplies received as a result of any hearing condition caused or contributed to by an injury or sickness arising out of or in the course of any employment for wage or profit.
- Services which are not required for necessary care and treatment or are not within the generally accepted parameters of care.
- Any hearing exam or supply required by an employer as a condition of employment, including but not limited to, any mandatory worksite programs designed to satisfy OSHA hearing conservation programs.
- Replacement of hearing aids except once every 5 years from the date of placement of the hearing aid; this replacement interval is waived and 50% of the benefit that would be otherwise payable will be considered if all of the following conditions are met: the plan member is diagnosed with a significant deterioration of hearing since placement of the previous hearing aid, a statement from the provider is furnished indicating that the hearing aid being replaced cannot be modified to correct the loss, and at least 3 years has passed since placement of the previous hearing aid.
- Medical or surgical treatment of any part of the ear, including but not limited to, cochlear implants or tubes in the ears.
- Assistive hearing devices not listed in the Schedule of Hearing Care Services, such as phone amplification, cellular phone amplifier, hearing aid dehumidifier, loop system, etc.
- Charges for services not provided by a licensed provider, such as an audiologist, hearing aid specialist, otolaryngologist (ENT) or otologist (ear doctor), within the scope of that license.
- Services or supplies not related to a conductive or sensorineural hearing loss, such as any non-organic hearing loss or occupational hearing loss.
- Charges for a hearing screening performed as a part of, or in the course of, any non-hearing routine exam.
- Hearing aid dispensed without the direction and supervision of a provider licensed to perform hearing aid exams and/or hearing aid dispensing.
- Any procedure performed as a result of war or any act of war, declared or not.
- Removal of foreign bodies or ear wax from the ear or any part of the ear.

[1] HR Tech Weekly, *Earn Employee Loyalty through Benefits Technology,* 2018

[2] American Refractive Surgery Council, 2017

[3] Listen Hear! Employee Survey, 2013

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