# LASIK Coverage



Enhance your current benefits package with simple add-ons

LASIK is a simple add-on benefit for Ameritas dental and vision plans that offer high value at a low cost.

#### Easy to-use-plans:

- not tied to a network
- benefits can be used with discounts or specials offered by the provider

#### Simple Add-on LASIK plans

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

Plan 1							
Year 1		Year 2+					
\$175		\$350					
Plan 1 - Monthly add-on rate							
\$0.75	Employee		\$0.75				
\$1.50	Employee -	+ Spouse	\$1.50				
\$1.88	Employee -	+ Children	\$1.13				
	Employee -	+ Family	\$1.88				
	ate \$0.75 \$1.50	\$175  ate  \$0.75 Employee \$1.50 Employee - \$1.88 Employee -	\$175 \$35  ate  \$0.75 Employee  \$1.50 Employee + Spouse				

Plan 2							
		Year 1	Year 2+				
LASIK benefit per eye		\$350		\$700			
Plan 2 - Monthly add-on rate							
Employee	\$1.50	Employee		\$1.50			
Employee + 1 dependent	\$3.00	Employee + S	pouse	\$3.00			
Employee + 2 dependents	\$3.75	Employee + C	hildren	\$2.25			
		Employee + Fa	amily	\$3.75			

LASIK is a lifetime benefit, so members get the most when waiting until Year 2 for laser eye correction.

All rates are valid with an effective date through August 1, 2026, and are guaranteed for 2 years from the effective date of the policy.

These plans can be set up as voluntary (employee pays full cost of coverage), or contributory (employer and employee share the cost of coverage). Voluntary plans may be set to align with the Section 125 plan year.

### LASIK Advantage guidelines

- Minimum of 10 or more enrolled lives required.
- Participation is tied to an eligible group dental or vision plan; in no event can a person be covered for the LASIK add-on and not be covered in the group dental or vision plan, or vice versa.
- This is a lifetime benefit. Members get the most when waiting until Year 2 for laser eye correction.
- Employees and their eligible dependents must enroll in the same plan; dependent age limitations apply.
- No deductible
- The yearly benefit amounts represent per eye amounts, and per-eye benefits cannot be combined to treat a single eye.
- 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 for coverage.
- There is a late entrant provision that applies unless the group has a Section 125 plan and annual open enrollment.
- If members enroll after the initial enrollment period has ended, they will be considered a late entrant.
- 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.
- Late entrants need to wait 12 months from the date they enroll to be eligible for coverage, then coverage will begin at the Year 1 benefit.

## LASIK Advantage limitations

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

- Procedures other than LASIK, LASIK with Wavefront Technology, LASIK with IntraLase Technology, Photorefractive Keratectomy (PRK), Advanced Surface Ablation (ASA) and LASEK.
- 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 benefit, or after the member's coverage ceases.
- LASIK services or supplies in the first 12 months that a person is insured if the person is a late entrant.
- Any procedure not shown in the Schedule of LASIK Services.
- No benefit will be payable for any insured under the age of 18

# Work with your broker to select the plan that's right for you and your employees.



Ameritas Life Insurance Corp. of New York

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 information is provided by Ameritas Life Insurance Corp. of New York (Ameritas of New York). Dental and vision products (9000 NY Rev. 03-15 for Group and 9000 NY Rev. 03-18 for Individual) are issued by Ameritas of New York. Ameritas, the bison design and "fulfilling life" are service marks or registered service marks of Ameritas Holding Company or Ameritas Mutual Holding Company. © 2024 Ameritas Mutual Holding Company.

