

EyeChoice® ViewPointe® Plan

You have the opportunity to sign up for vision benefits through your employer.

People with good vision often take it for granted. Don't make this mistake.

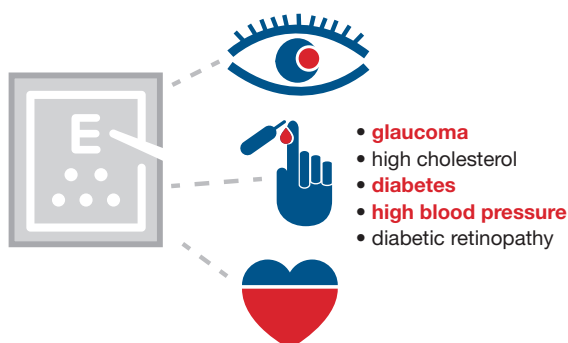
Benefit Summary

	Plan Pays In Network/Out
Annual Deductible	\$10 exam, \$25 materials
Benefit Frequencies	Exam-Lens-Frame frequencies are 12-12-24 months. Choose eyeglass lenses or contacts every 12 months.
Annual Eye Exam	100% / \$35
Single Vision Lenses	100% / \$25
Bifocal Lenses	100% / \$40
Trifocal Lenses	100% / \$55
Progressive Lenses	Standard progressives in network are \$65. Premium progressives in network are discounted.
Frame	\$ / \$
Contact Lenses/ Fit & Follow up	\$ / \$

Plans not available in MT or RI

15% off remaining balance for conventional contact lenses

How important is it?



Complete vision exams not only reveal the need for vision correction, they can detect early signs of chronic health conditions, such as high blood pressure, high cholesterol and diabetes. Exams are especially important for children, because they don't know what normal vision is like.

Source: All About Vision 2014

3-Tiered Rates Number Enrolled	3-9	10+
Employee	\$	\$
Employee & 1 Dependent	\$	\$
Employee & 2 or More	\$	\$
4-Tiered Rates Number Enrolled	3-9	10+
Employee	\$	\$
Employee & Spouse	\$	\$
Employee & Children	\$	\$
Employee, Spouse & Children	\$	\$

Network savings with EyeMed:

- 20% off remaining frame balance and 20% off materials not covered by plan (excludes lens upgrades)
- 40% off complete pair prescription glasses after plan benefit
- Special pricing on lens upgrades such as UV coating and polycarbonate lenses
- 15% off retail price, or 5% off promotional price, for LASIK or PRK with U.S. Laser Network owned by LCA-Vision

EyeMed Access network offers nearly 82,000 providers, made up of 66% independent providers and 34% retail locations, including LensCrafters®, Pearle Vision®, Target Optical®, Sears® Optical and JCPenney Optical.

Find an EyeMed provider at ameritas.com under Find a Provider, or call EyeMed at 866-289-0614.

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

Value Adds

- Prescription medication savings through many pharmacies across the nation. Get your Rx member savings card at ameritas.com, Account Access, Secure Member Account. There is a one-time registration. These non-insurance Rx savings are yours with no additional cost.
- Through AXA Assistance, Ameritas offers vision plan members access to emergency vision provider referrals when traveling outside the U.S.

Review the plan benefits. Complete the enrollment form. If you have eligible dependents who need vision coverage, please consider enrolling them too. You'll be glad you did.

Limitations

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.
- A service which is not listed under the Schedule of Eye Care Services found in the certificate. Members pay costs exceeding plan benefits.

This brochure highlights the vision coverage available through Ameritas Life Insurance Corp. Please refer to the Certificate of Insurance for a complete list of covered procedures.

Example - Glasses

service	cost without insurance*	EyeMed in-network benefits pay	member pays
eye exam	\$154	\$144 (covered, minus deductible)	\$10 deductible
single vision lenses	\$86	\$61 (covered, minus deductible)	\$25 deductible
frame	\$200	\$	\$
total	\$440	\$	\$

* Cost estimates without insurance - All About Vision 2016

Example - Contacts

service	cost without insurance*	EyeMed in-network benefits pay	member pays
eye exam	\$154	\$144 (covered, minus deductible)	\$10 deductible
contact fitting	\$150	Contacts/Fit & follow up	\$
contacts	\$220	\$	\$
total	\$524	\$	\$

* Cost estimates without insurance - All About Vision 2016



This information is provided by Ameritas Life Insurance Corp. (Ameritas Life). Group dental, vision and hearing care products (9000 Rev. 03-16, dates may vary by state) and individual dental and vision products (Indiv. 9000 Ed. 07-16) are issued by Ameritas Life. Some plan designs are not available in all areas. Some states require that producers be appointed with Ameritas Life before soliciting its products. To become appointed with Ameritas Life, please call 800-659-2223. Most plans for groups with 26 or more enrolled lives are administered by Ameritas Life. Billing and eligibility for most plans with 25 or fewer enrolled lives are provided by HealthPlan Services, Inc.

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