Choose Vision Coverage That Fits Your Employees' Needs

More than 87 percent of Americans with vision benefits intend to get an eye exam within the next 12 months.[1]

Our EyeChoice rates have gone down for 2020, which means there's never been a better time to provide your employees the benefits they need to prioritize their eye health.

1. Choose a network - Do you prefer a plan with the VSP network, EyeMed network, or no network?

VSP has one of the largest networks of independent doctors nationwide with retail chain affiliates including Costco Optical and Visionworks.	**EyeMed** plans are accepted by five of the top six national retail chains, including LensCrafters, Pearle Vision, and Target Optical.	**No network** plans allow members to select the vision provider of their choice, pay the provider and then submit a claim within 90 days for reimbursement. Because there's no network, members may take advantage of special pricing offers from any eye doctor.

For the network plans:

2. Pick a frame allowance – How much do you want the plan to pay toward eyeglass frames? $100, $130 or $150?

3. Select a benefit frequency – These plans cover an exam and eyeglass lenses or contacts every 12 months. You decide if the plan provides a frame benefit every 12 or 24 months.

For the non-network plan:

2. Decide on a plan type – A Flat Max plan issues a maximum annual reimbursement (of $100, $150 or $200) for eligible exams, lenses and frames collectively. The MCE plan issues reimbursement amounts based on a list of vision services and materials with a corresponding maximum amount for each.

[1] Benefitspro.com

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VSP Network Plan

VSP offers one of the nation's largest networks of independent providers. With 91% of VSP doctors offering early morning, evening or weekend hours, members can visit a provider on their schedule. Find VSP network providers at vsp.com.

When members visit a VSP network provider they'll get:

- 20% off remaining frame balance
- 20% off non-covered complete prescription glasses
- 20-25% off non-covered lens options such as UV coating and polycarbonate lenses
- 15% average off retail for LASIK or PRK laser eye correction, or 5% off promotional price, through a VSP provider
- $20 on featured frame brands

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

What the plans pay in-network / out-of-network						
Deductible	$10 exam, $25 materials (applies in/out-of-network)					
Annual eye exam	100% / Up to $45					
Single vision	100% / Up to $30					
Std. polycarbonate	100% for dependent children / No benefit					
Bifocal	100% / Up to $50					
Trifocal	100% / Up to $65					
Prescription safety glasses	Covered in lieu of regular eyeglasses or contacts; lens and frame allowances apply					
	Plan 1	**Plan 2**	**Plan 3**	**Plan 4**	**Plan 5**	**Plan 6**
Frames	**$100 / Up to $70**		**$130 / Up to $70**		**$150 / Up to $70**	
Contacts	$115 / Up to $105		$130 / Up to $105		$150 / Up to $120	
Benefit frequencies Exam-lens-frame	**12-12-24**	**12-12-12**	**12-12-24**	**12-12-12**	**12-12-24**	**12-12-12**
Monthly rates						
3-tiered rates	**V20003**	**V23271**	**V20001**	**V20015**	**V20021**	**V23027**
Employee	$7.68	$8.36	$8.76	$9.60	$9.12	$9.96
Employee + 1 dependent	$15.92	$17.40	$17.64	$19.20	$18.28	$19.92
Employee + 2 dependents	$22.88	$24.92	$24.80	$27.00	$25.68	$28.04
4-tiered rates						
Employee	$7.68	$8.36	$8.76	$9.60	$9.12	$9.96
Employee + spouse	$17.12	$18.64	$18.96	$20.68	$19.68	$21.40
Employee + child(ren)	$13.92	$15.16	$15.36	$16.76	$15.88	$17.40
Family	$23.40	$25.52	$25.52	$27.80	$26.44	$28.88

All rates are valid for policies with an effective date through Feb. 1, 2021, and are guaranteed for four years.
Voluntary plans may be set to align with the Section 125 plan year.

Limitations

Please refer to the Certificate of Insurance for a complete list of covered procedures. Check for availability in your state. Covered expenses will not include, and no benefits will be payable for:

- In network contact lens exam – fit & follow up cost is capped at $60 (except in WA).
- Vision examinations, lenses and frames more than the frequency as indicated on the plan summary page.
- Services and/or materials not specifically included in the Schedule as covered Plan Benefits.
- 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.
- Services or materials that are cosmetic, including plano contact lenses to change eye color and artistically painted contact lenses.
- 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.
- Orthoptics or vision training and any associated supplemental testing.
- Medical or surgical treatment of the eyes.
- Contact lens modification, polishing or cleaning.
- The refitting of contact lenses after the initial 90-day filing period.
- Contact lens insurance policies or service contracts.
- Additional office visits associated with contact lens pathology.
- Local, state and/or federal taxes, except where law requires us to pay.
- Covered persons may be required to purchase a membership at certain retail locations before accessing plan benefits.
- Plans not available in RI.
- Plans are not available in FL for groups with less than 51 lives.
- Specific plans not listed in this brochure are available for MA and MD.

Consult your sales representative regarding plan availability in the states of MA, WA and MD.

EyeMed Network Plan

EyeMed offers one of the largest vision networks in the nation with a mix of independent providers and retail chains. Find EyeMed network providers at eyemed.com.

LensCrafters · Pearle Vision · Target Optical · contactsdirect · GLASSES.COM

When members visit an EyeMed network provider they'll save:

- 20% off remaining frame balance
- 40% off non-covered complete prescription glasses
- special pricing on lens upgrades such as UV coating & polycarbonate lenses & 20% off non-covered materials
- 15% average off retail price for LASIK or PRK laser vision correction, or 5% off promotional price, at U.S Laser Network locations

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

What the plans pay in-network / out-of-network						
Deductible	$10 exam, $25 eyeglass lenses (applies in-network)					
Annual eye exam	100% / Up to $35					
Single vision	100% / Up to $25					
Std. polycarbonate	See provider for special pricing					
Bifocal	100% / Up to $40					
Trifocal	100% / Up to $55					
Prescription safety glasses	No benefit					
	Plan 1	**Plan 2**	**Plan 3**	**Plan 4**	**Plan 5**	**Plan 6**
Frames	**$100 / Up to $65**		**$130 / Up to $65**		**$150 / Up to $75**	
Contacts	$115 / Up to $104		$130 / Up to $104		$150 / Up to $120	
Benefit frequencies Exam-lens-frame	**12-12-24**	**12-12-12**	**12-12-24**	**12-12-12**	**12-12-24**	**12-12-12**
Monthly rates						
3-tiered rates	V01001	V01004	V01013	V01016	V01019	V01022
Employee	$6.96	$7.60	$7.92	$8.64	$8.24	$8.96
Employee + 1 dependent	$14.36	$15.64	$15.84	$17.32	$16.96	$18.52
Employee + 2 dependents	$20.64	$22.52	$22.36	$24.32	$24.32	$26.52
4-tiered rates						
Employee	$6.96	$7.60	$7.92	$8.64	$8.24	$8.96
Employee + spouse	$15.48	$16.88	$17.08	$18.64	$18.24	$19.88
Employee + child(ren)	$12.60	$13.68	$13.84	$15.08	$14.84	$16.20
Family	$21.08	$22.96	$22.96	$25.08	$24.88	$27.12

All rates are valid for policies with an effective date through Feb. 1, 2021, and are guaranteed for four years.
Voluntary plans may be set to align with the Section 125 plan year.

Limitations

Please refer to the Certificate of Insurance for a complete list of covered procedures. Check for availability in your state. 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.
- Plans not available in RI.
- Plans are not available in FL for groups with less than 51 lives.
- Specific plans not listed in this brochure are available for MA , MT, ME and MD.

Consult your sales representative regarding plan availability in the states of MA, WA and MD.

No Network, Reimbursement Plan

With a non-network plan, members select the vision provider of their choice, pay the provider and then submit a claim within 90 days for reimbursement. Because there's no network, members may take advantage of special pricing offers from any eye doctor.

To submit a claim, simply upload images of the completed claim form and receipt to the secure, online member account.

Members can access a savings card through their secure account at ameritas.com and save on eyewear frames and lenses purchased at Walmart Vision Centers nationwide.

What the plans pay		
	Flat Max Plans	MCE Plan
Benefit frequencies Exam-lens-frame	No frequency limitations	12-12-12
Exam	Your annual maximum can be used for eligible exams, lenses, contacts, frames and prescription safety glasses collectively.	Up to $50
Single vision		Up to $30
Bifocal		up to $50
Trifocal		Up to $100
Progressive		Up to $130
Frames		Up to $80
Contacts		Up to $110
Prescription safety glasses		Covered in lieu of regular eyeglasses or contacts; lens and frame allowances apply

Monthly rates	Plan 1	Plan 2	Plan 3	Plan 4
3-tiered rates	$100 flat max	$150 flat max	$200 flat max	MCE Plan
Employee	$4.56	$7.48	$10.12	$6.36
Employee + 1 dependent	$9.52	$15.40	$20.88	$12.72
Employee + 2 dependents	$13.72	$22.08	$30.00	$17.88
4-tiered rates				
Employee	$4.56	$7.48	$10.12	$6.36
Employee + spouse	$10.24	$16.56	$22.56	$13.72
Employee + child(ren)	$8.36	$13.48	$18.32	$11.12
Family	$14.00	$22.60	$30.72	$18.48

All rates are valid for policies with an effective date through Feb. 1, 2021, and are guaranteed for four years.
For voluntary plan rates may be set to align with the Section 125 plan year.

Limitations

Please refer to the Certificate of Insurance for a complete list of covered procedures. Check for availability in your state. Covered expenses will not include, and no benefits will be payable for:

- Vision examinations, lenses and frames exceeding the set annual benefit amount.
- Examinations performed, or frames or lenses ordered, before the member was covered under the plan.
- Subject to extension of benefits, any examination performed or frame or lens ordered after the coverage under the plan ceases.
- Sub-normal eye care aids; orthoptic or eye care training or any associated testing.
- Non-prescription lenses.
- Any eye examination or corrective eyewear required by an employer as a condition of employment.
- Medical or surgical treatment of the eyes.
- Any service or supply not shown on the Schedule of Eye Care Procedures.
- Coated lenses; oversize lenses (exceeding 71 mm); photo-gray lenses; polished edges; UV-400 coating and facets, and tints other than solid.
- Claims filed more than 90 days after completion of the service (or longer than 90 days in certain states). An exception is if the Insured shows it was not possible to submit the proof of loss within this period.
- Plans are not available in FL for groups with less than 51 lives.

Consult your sales representative regarding plan availability in the states of WA and MD.

Plan requirements for all plans

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. Options listed available in most states. Check with your Ameritas sales representative for product approval and availability.

- Administrative fee for groups with 15 or fewer enrolled employees, subject to state requirements, unless paying by electronic funds transfer is $15 per month.
- Printed paper certificates cost 20¢ per covered employee.
- Home address mailing cost 36¢ per covered employee.
- COBRA administration cost 63¢ per covered employee.
- Rates/benefits quoted are based on a minimum of 3 enrolled employees, except in NY where 50% of eligible employees or 5 enrolled employees, whichever is less, is required. All rates and benefits quoted are not valid if the final enrollment is below the minimum threshold.
- Employer funding not required. If no employer money is involved, it is required that the vision plan will be sold in conjunction with a bona fide cafeteria plan regulated by Section 125 of the Internal Revenue Service code and it must meet all Section 125 requirements.
- No benefits are payable for a service which is not listed under the Schedule of Eye Care Services found in the certificate. Members pay costs exceeding plan benefits.
- Benefits available for all full-time, active employees working at least 30 hours per week who have completed the designated waiting period.