

Vision Plan Benefits

Annual Eye Exam	NA
Single Vision Lenses	Up to \$40
Bifocal Lenses	Up to \$60
Trifocal Lenses	Up to \$75
Lenticular	Up to \$80
Progressive Lenses	NA
Frames	Up to \$100
Contacts (Standard) fit & follow up exam	Taken from Elective Contact Lens Allowance
Contacts (elective)	Up to \$140
Contacts (medically necessary)	Up to \$140

Deductible

Lenses and Frames Each Benefit Period	\$10
Contact Lenses	\$0

Benefit Frequencies (months)

Based on Date of Service

Exam/Lens/Frame	0/12/24
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Please submit claims within 90 days of the date of service so that the plan can consider benefits (subject to state requirements).

Member Cost for Vision Discounts (may vary by prescription, option chosen and retail location)

Exam	\$5 off routine exam
With dilation as necessary	\$10 off contact lens exam
The following lenses, frame and lens options discounts and fees apply only if a complete pair of glasses is purchased.	
Standard Plastic Lenses	
Single Vision	\$50
Bifocal	\$70
Trifocal	\$105
Frame	35% of retail price
Lens Options	
Standard Progressive	\$65 plus standard plastic lens cost
Premium Progressive	20% discount
Standard Polycarbonate	\$40
Tint (solid or gradient)	\$15
Scratch-Resistant Coating	\$15
Anti-Reflective Coating	\$45
Ultraviolet coating	\$15
Other Add-ons	20% discount
Contact Lenses	
Conventional	15% off retail price (does not apply to fitting) After initial purchase, replacement contacts by mail are offered at substantial savings online through eyemedvisioncare.com.
Lasik or PRK	Average discount of 15% off retail price or 5% off promotional price at US Laser Network participating providers.
Items Not included	See limitations and exclusions

Monthly Rates

Employee only	\$6.20
Employee & 1 Dependent	\$11.32
Employee & 2 or more Dependents	\$16.12

Rates are effective from 7/1/2022 to 7/1/2023.

Limitations and Exclusions

Discounts are not available for the following procedures material or services.

Orthoptic or vision training, subnormal vision aids, and any associated supplemental testing.

Medical and/or surgical treatment of the eye, eyes, or supporting structures.

Corrective eye wear required by your employer as a condition of employment, includes safety eye wear unless specifically covered under your plan.

Worker's Compensation injury claims (or similar injury laws.)

Plano non-Prescription lenses and non-prescription sunglasses, but you receive 20% off retail for items purchased separately.

EyeMed provider professional services, or disposable contact lenses.

Two pairs of glasses in lieu of bifocals.

Customer Service

Customer Connections **800-487-5553** www.ameritas.com

Monday-Thursday 7am-12am CST, Friday 7am-6:30pm CST

This document is a highlight of plan benefits provided by Ameritas Life Insurance Corp. as selected by your employer. 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, contact your benefits administrator.