



Ameritas EyeChoice[®]

Flexible, affordable plans for 3+ enrolled employees

Help your employees and their families meet their vision needs by choosing one of our most popular plans.

The Need for Vision Care

- Vision problems affect more than 120 million Americans.
- Annual eye exams can detect a number of health conditions early on while they are still treatable, preventing higher health care costs.
- Vision problems cost businesses an estimated \$8 Billion annually in reduced productivity.
- For every \$1 spent on vision insurance, employers gain as much as \$7 in improved productivity.
- Vision insurance is the third most requested employee benefit after medical and dental insurance.
- Availability of insurance is a primary factor in determining whether the vision impaired will seek care.

SOURCES: Vision Council of America, National Eye Institute, LIMRA

Walmart Prescription Discounts

- Any EyeChoice plan includes prescription discount savings at any Walmart or Sam's Club pharmacy at no additional cost to the plan member.
- Save on hundreds of generic drug prescriptions at the everyday low price of \$4, as well as 40% off other generic prescriptions and 10-15% off most name-brand drug prescriptions.
- Discounts also apply to available prescribed pet medications.
- Walmart will compare costs with the members' medical prescription coverage and apply the better benefit.
- Includes home delivery mail-order service.

Worldwide Support

- Through AXA Assistance, Ameritas offers vision plan members access to emergency vision provider referrals when traveling outside the U.S.

Vision Perfect®

- Choose either the **Flat Maximum** or **Maximum Covered Expense (MCE)** plan
- Members select the vision provider of their choice, pay the provider and submit a claim for reimbursement. They may take advantage of any special pricing offers made by the provider.
- The Flat Max plan gives members more control over how their benefits are spent.
- **Flat Maximum Benefit: \$150**
A fixed annual maximum of \$150 may be spent on eligible exam-lens-frame benefits collectively.
- The **MCE** plan is based on a list of maximum covered expenses, so members know exactly what's covered and what to expect.

Benefit Summary	Flat Max Plan	MCE Plan
Annual Eye Exam	Subject to Maximum	up to \$50
Single Vision Lenses		up to \$30
Bifocal Lenses		up to \$50
Trifocal Lenses		up to \$100
Lenticular Lenses		up to \$130
Progressive Lenses		up to \$130
Frame		up to \$80
Contact Lenses		up to \$110

- No vision network, choose any provider
- Members may save 15% off prescription eyeglasses at Walmart Vision Centers
- Flat Max benefit dollars may be spent on any eligible services or materials up to \$150
- No Exam-Lens-Frame Frequencies (Flat Max)
- 12-12-24 Exam-Lens-Frame Frequencies (MCE)

3-Tiered Rates Number Enrolled	Flat Max Plan		MCE Plan	
	3-9	10+	3-9	10+
Employee	\$7.96	\$6.96	\$6.96	\$5.96
Employee & 1 Dependent	\$16.52	\$14.40	\$13.92	\$11.92
Employee & 2 or More	\$23.72	\$20.68	\$19.60	\$16.76

4-Tiered Rates Number Enrolled	Flat Max Plan		MCE Plan	
	3-9	10+	3-9	10+
Employee	\$7.96	\$6.96	\$6.96	\$5.96
Employee & Spouse	\$17.80	\$15.52	\$15.04	\$12.84
Employee & Children	\$14.44	\$12.60	\$12.16	\$10.40
Employee, Spouse & Children	\$24.28	\$21.16	\$20.24	\$17.28

Focus®

- Brings members access to the VSP **Choice network** – over 29,000 independent providers and 50,000 access points nationwide.
- Members also receive access to Visionworks® and Costco® Optical retail chains.
- **Find a VSP Provider**
Visit ameritasgroup.com or call VSP toll-free at 1-800-877-7195.

Benefit Summary	Plan 1	Plan 2
	In Network/Out	In Network/Out
Annual Eye Exam	100% / \$45	100% / \$45
Single Vision Lenses	100% / \$30	100% / \$30
Bifocal Lenses	100% / \$50	100% / \$50
Trifocal Lenses	100% / \$65	100% / \$65
Lenticular Lenses	100% / \$100	100% / \$100
Frame	\$100 / \$70	\$130 / \$70
Contact Lenses	\$115 / \$105	\$130 / \$105

- Example: For annual eye exam, Plan 1 In Network 100% covered, Out of Network plan pays up to \$45
- 12-12-24 Exam-Lens-Frame Frequencies
- \$10 exam, \$25 materials annual deductibles
- Contact lenses/fit & follow up are in lieu of other frame/lens benefits
- Progressive lenses covered with a member cost of \$55-\$175
- Maximum member cost of \$60 for contact lens exam, fit and follow-up

3-Tiered Rates Number Enrolled	Plan 1 VS20003		Plan 2 VS20001	
	3-9	10+	3-9	10+
Employee	\$8.44	\$7.36	\$9.48	\$8.44
Employee & 1 Dependent	\$17.52	\$15.28	\$19.00	\$16.88
Employee & 2 or More	\$25.16	\$21.92	\$26.76	\$23.76

4-Tiered Rates Number Enrolled	Plan 1		Plan 2	
	3-9	10+	3-9	10+
Employee	\$8.44	\$7.36	\$9.48	\$8.44
Employee & Spouse	\$18.88	\$16.44	\$20.52	\$18.20
Employee & Children	\$15.32	\$13.36	\$16.56	\$14.72
Employee, Spouse & Children	\$25.72	\$22.44	\$27.60	\$24.48

VSP Savings

- 20% off remaining frame balance
- 20% off additional noncovered complete prescription glasses
- 20-25% off noncovered lens options, such as UV coating, polycarbonate lenses
- Average of 15% off usual and customary price for LASIK or PRK, or 5% off promotional price, with VSP and contracted laser surgery center.

ViewPointe®

- Both plans feature the EyeMed Vision Care **Access Network**; including more than 60,000 providers and 25,000 access points nationwide.
- **Find a EyeMed Provider**
Visit ameritasgroup.com or call EyeMed at 1-866-289-0614.

Benefit Summary	Plan 1		Plan 2	
	In Network/Out		In Network/Out	
Annual Eye Exam	100% / \$35		100% / \$30	
Single Vision Lenses	100% / \$25		100% / \$25	
Bifocal Lenses	100% / \$40		100% / \$40	
Trifocal Lenses	100% / \$55		100% / \$55	
Frame	\$100 / \$45		\$130 / \$65	
Contact Lenses/Fit & Follow up	\$115 / \$100		\$130 / \$104	

- 12-12-24 Exam-Lens-Frame Frequencies
- \$10 exam, \$25 materials annual deductibles
- Selecting contact lenses counts only toward the lens frequency
- Standard Progressive lenses have an in-network cost of \$65; Premium Progressive lenses are discounted

3-Tiered Rates Number Enrolled	Plan 1 (V00392)		Plan 2 (V00484)	
	3-9	10+	3-9	10+
Employee	\$7.96	\$6.96	\$8.96	\$7.96
Employee & 1 Dependent	\$16.52	\$14.40	\$17.92	\$15.92
Employee & 2 or More	\$23.72	\$20.68	\$25.24	\$22.40

4-Tiered Rates Number Enrolled	Plan 1		Plan 2	
	3-9	10+	3-9	10+
Employee	\$7.96	\$6.96	\$8.96	\$7.96
Employee & Spouse	\$17.80	\$15.52	\$19.36	\$17.16
Employee & Children	\$14.44	\$12.60	\$15.64	\$13.88
Employee, Spouse & Children	\$24.28	\$21.16	\$26.04	\$23.08

EyeMed Savings

- 20% off remaining frame balance
- 40% off additional non-covered complete prescription glasses
- 20% off materials not covered by the plan
- For conventional contact lenses, save 15% off any remaining amount exceeding the allowance
- Get special pricing on lens upgrades
- 15% off the retail price for LASIK or PRK, or 5% off promotional price, with U.S. Laser Network owned by LCA-Vision.

Plan Requirements (for all plans)

Administrative fee for groups with 15 or fewer enrolled employees, subject to state requirements, unless paying by electronic funds transfer	\$15 per month
Printed paper certificates cost	20¢ per covered employee
Home address mailing cost	36¢ per covered employee
COBRA administration cost	60¢ per covered employee

- Rates/benefits quoted are based on a minimum of 3 enrolled employees, except in Michigan (5+). 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.
- Prescription medication savings through Walmart and Sam's Club pharmacies requires an Rx savings ID card available through our secure member account portal. These non-insurance Rx savings are yours with no additional cost.
- With Vision Perfect, the eyewear savings through Walmart Vision Centers requires a savings ID card available through our secure member portal. This non-insurance discount is available at no additional cost.

All rates are effective through 1/31/2015, and are guaranteed for two years (or may be set to align with the Section 125 plan year for voluntary 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.

Limitations

Please check for availability in your state. Covered expenses will not include and no benefits will be payable for:

Vision Perfect Flat Annual Max Plan

- 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; orthoptical 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.

Focus VSP Network Plans

- 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.
- Membership fees for any retail center in which an Affiliate or Open Access provider office may be located. Covered persons may be required to purchase a membership in such entities as a condition of accessing Plan Benefits.

ViewPointe EyeMed Select Network Plan

- 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.

HIAF Disclosure

Beginning in 2014, health insurers are required to pay an annual Health Insurer Assessment Fee (HIAF) in accordance with Section 9010 of the Patient Protection and Affordable Care Act (PPACA). The amount due from each insurer is based on the insurer's market share of health premiums, including dental and vision insurance premiums. **Rates in this material are adjusted to reflect the estimated cost of this fee.** We reserve the right to adjust rates based on PPACA fees or assessments imposed by any governmental authority or agency.



This information is provided by Ameritas Life Insurance Corp. [Ameritas Life]. Group dental, vision and hearing care products [9000 Rev. 03-08, dates may vary by state] and individual dental and vision products [Indiv. 9000 Ed. 11-09] are issued by Ameritas Life. Some plan designs are not available in all areas. In Texas, our PPO network and plans are referred to as the Ameritas Dental Network. 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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