



# Ameritas Edge Vision

Plans A & B

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## Plan A

Benefits	VSP Signature Network	Out-of-Network
Annual Eye Exam	100% covered*	up to \$52*
Single Vision Lenses	100% covered*	up to \$55*
Bifocal Lenses	100% covered*	up to \$75*
Trifocal Lenses	100% covered*	up to \$95*
Lenticular Lenses	100% covered*	up to \$125*
Frame	up to \$120 allowance*	up to \$70*
Contact Lenses: Medically Necessary	100% covered	up to \$210
Contact Lenses: Elective	up to \$120 allowance	up to \$105

\*Subject to \$10 annual deductible on exams and \$25 annual deductible on materials.

Members pay applicable deductibles and any costs exceeding the in and out-of-network benefits. Frequency for Exam-Lenses-Frame is 12-12-24 for Option 1 and 12-12-12 for Option 2; contact lenses/expenses are in lieu of any other lenses/frame benefit. Benefits are calculated based on date of service.

## Plan B

Benefits	VSP Signature Network	Out-of-Network
Annual Eye Exam	100% covered*	up to \$52*
Single Vision Lenses	100% covered**	up to \$55**
Bifocal Lenses	100% covered**	up to \$75**
Trifocal Lenses	100% covered**	up to \$95**
Lenticular Lenses	100% covered**	up to \$125**
Frame	up to \$130 allowance**	up to \$70**
Contact Lenses: Medically Necessary	100% covered	up to \$210
Contact Lenses: Elective	up to \$130 allowance	up to \$105

\*\*Subject to \$15 annual deductible on exams and \$25 annual deductible on materials.

Members pay applicable deductibles and any costs exceeding the in and out-of-network benefits. Frequency for Exam-Lenses-Frame is 12-12-24 for Option 1 and 12-12-12 for Option 2; contact lenses/expenses are in lieu of any other lenses/frame benefit. Benefits are calculated based on date of service.

## Plan Highlights

- Plan A: Employer funded or tied to Ameritas Edge dental plan
- Plan B: Voluntary stand alone
- Option 1: 12-12-24 Frequency
- Option 2: 12-12-12 Frequency
- No waiting periods or late entrant provisions
- Retail chain affiliate providers include Costco Optical locations, and stores managed by Visionworks
- Members save on prescription medications through any Walmart or Sam's Club pharmacy (membership at Sam's Club not required)

## Members Enjoy VSP Discounts\*

- 20% off amount exceeding frame allowance
- 20% off additional non-covered complete prescription glasses/sunglasses
- 20-25% off non-covered lens options, like progressive lenses, UV coating
- 15% off contact lens fit and follow-up
- Average of 15% off the usual and customary price for LASIK or PRK, or 5% off a promotional price, with VSP and a contracted laser surgery center

\* Please check for availability in your state.

## Plan Requirements

- Plan A: This plan may be combined with an Ameritas Edge series dental plan and all enrollees must take both dental and vision coverage, with a minimum of 3 enrolled employees, except in Michigan (5+). Plan A may also be sold as a stand alone plan with a minimum of 75% participation of the total eligible employees, and a minimum of 10 enrollees.
- Plan B: The rates and 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.
- A \$10 monthly administrative fee will apply, subject to state requirements. The fee is waived if the group elects to pay by electronic funds transfer or if both Ameritas Edge dental and Ameritas Edge vision plans are selected.
- Benefits available for all eligible employees who have completed the designated waiting period.
- This form highlights coverage available through Ameritas Life Insurance Corp. Please refer to the Policy or Certificate of Insurance for a complete list of covered procedures and limitations.

## Additional VSP Bonus

VSP members with a full-service plan will receive an extra \$20 bonus to apply to their current frame allowance if they select a frame from one of more than 30 featured brands, including bebe, ck Calvin Klein, Flexon, Lacoste, Michael Kors, Nike, Nine West, and more. The extra \$20 allowance will automatically be added to the member's current frame allowance by their VSP doctor, at no additional cost or hassle, before calculating any out-of-pocket expense. As always, members can choose any frame. And now, this offer makes it easier for them to select the perfect frame within their budget.

## Savings with Costco and Visionworks

- Costco Optical offers 400 locations; frames are the wholesale equivalent to the in-network frame allowance; enjoy wholesale pricing on lens options; Costco membership only required if materials are purchased
- Visionworks manages more than 580 optical stores. Frame allowance matches the in-network frame allowance
- Includes LASIK or PRK discount through VSP
- Excludes discounts toward amount exceeding frame allowance, additional pairs of prescription glasses sunglasses and contact lens fit/follow-up

## Terminations and Renewals

Coverage is renewable upon payment of billed premium during 31 day grace period.

Rates may be increased after the first policy year – not more frequently than twelve month intervals.

After first policy year, coverage may be terminated with forty-five days prior notice to employer, or as defined by state requirements.

## Plan A Monthly Rates

	Employee Only	Employee + One Dependent	Employee + Family
<b>Option 1</b> (12-12-24 Frequency)	\$7.90	\$11.80	\$20.90
<b>Option 2</b> (12-12-12 Frequency)	\$8.85	\$13.22	\$23.41

## Plan B Monthly Rates

	Employee Only	Employee + One Dependent	Employee + Family
<b>Option 1</b> (12-12-24 Frequency)	\$11.90	\$17.70	\$29.90
<b>Option 2</b> (12-12-12 Frequency)	\$13.33	\$19.82	\$33.49

- Electronic certificate delivery is included; paper certificates cost 20 cents per covered employee each month.
- Manual quote is required for groups with more than 99 lives; call 855-517-5307 or visit [ameritasgroup.com/edge](http://ameritasgroup.com/edge).
- Please check for availability in your state.
- Rates good through May 1, 2015

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 medical, dental and vision insurance premiums. Rates in this brochure 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.

## How Members Find a VSP Provider

The VSP Signature Network features more than 29,000 providers and 50,000 access points nationwide.

Members can locate a VSP Signature Network provider by calling (800) 877-7195 or visiting [ameritasgroup.com](http://ameritasgroup.com) and selecting FIND A PROVIDER, eye care, VSP.

When making an appointment with the VSP Network doctor, members will identify themselves as a VSP member and provide his or her ID number. The doctor will contact VSP to verify eligibility, plan coverage and obtain authorization for services and eyewear.

## Worldwide Support

AXA Assistance USA is part of a global organization with offices in more than 30 countries, where AXA Assistance professionals answer calls 24 hours a day to assist you while traveling abroad. Immediately after a call comes in, an assistance coordinator assesses the situation, provides credible provider referrals and can even help with making the appointment.

Providers referred by AXA Assistance USA, Inc. (AXA) are not members of the Ameritas Life Insurance Corp. (Ameritas) PPO Network. Referral to an AXA provider is not a guarantee of benefits, and all policy provisions and limitations would apply.

*Note: These provider referral assistance services are independently offered and administered by AXA. Ameritas and its affiliates and subsidiaries do not participate in the selection of these dental and vision service providers and do not oversee or monitor AXA's performance of these services. Additionally, Ameritas does not warrant or guarantee or make any representation as to the quality of the services provided by AXA or by any dental or vision services provider referred by AXA.*

## What is Not Covered by the Policy?

Please check for availability in your state.

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

- Eye exam more than once in any 12-month period.
- Lenses more than once in any 12-month period.
- Frames more than once in any 24-month period (for Option 1) and 12-month period (for Option 2).
- Elective contact lenses more than once in any 12-month period. Contact lenses and associated expenses are in lieu of any other lenses or frames benefit.
- Medically necessary contact lenses more than once in any 12-month period. The treating provider determines if an insured meets the coverage criteria for this benefit. This benefit is in lieu of elective contact lenses.
- Services and/or materials not specifically included in this Schedule as covered Plan Benefits.
- Plano lenses (lenses with refractive correction of less than plus or minus .50 diopter).
- 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.
- Claims filed more than 180 days after completion of the service. An exception is if the insured shows it was not possible to submit the proof of loss within this period.
- 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.



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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