

Vision Plan Benefits

Annual Eye Exam	Up to \$115
Single Vision Lenses	Up to \$65
Bifocal Lenses	Up to \$90
Trifocal Lenses	Up to \$125
Lenticular	Up to \$155
Progressive Lenses	NA
Frames	Up to \$135
Contacts (Standard) fit & follow up exam	Taken from Elective Contact Lens Allowance
Contacts (elective)	Up to \$185
Contacts (medically necessary)	Up to \$185

Deductible

Annual (applies to first service received)	\$0
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Benefit Frequencies (months)

Based on Date of Service

Exam/Lens/Frame	12/12/12
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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% off 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

LASIK Advantage

Your eye care plan includes a feature called LASIK Advantage which provides benefits for LASIK and related procedures, including standard LASIK, custom LASIK, LASIK with Wavefront Technology, CustomVue LASIK, LASIK with IntraLase technology and Photorefractive Keratectomy (PRK).

As a participant in the dental plan you earn a lifetime LASIK benefit per eye over time. The benefit amount increases over a four year period, with the highest benefit provided in year four. Benefits are earned for each eye.

If you and/or your eligible dependents are late entrants as described above, you and/or your eligible dependents must wait 12 months from enrollment to be eligible for LASIK coverage; after 12 months the LASIK benefit starts at the year one amount. The LASIK Advantage benefit is available to participants age 18 and older.

This benefit offers choice! Any specialist can be chosen, as there is no network tied to this coverage.

Lifetime Benefit	Year One	Year Two	Year Three	Year Four
Earned per Eye:	\$175	\$175	\$350	\$350

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.

Member Savings

Save on prescription medications at 60,000 pharmacies across the nation including CVS, Walgreens, Rite Aid and Walmart. Just present your Rx savings card. To access and print your Rx and eyewear saving cards, visit www.ameritas.com/register, sign in to your secure member account and select member savings. These discounts are offered at no additional cost and are not insured.

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.