

**Vision Plan Benefits**

	EyeMed Access Network	Out-of-Network
Annual Eye Exam	Covered in full	Up to \$35
Single Vision Lenses	Covered in full	Up to \$25
Bifocal Lenses	Covered in full	Up to \$40
Trifocal Lenses	Covered in full	Up to \$60
Lenticular Lenses	20% discount	No benefit
Progressive Lenses	See lens options	NA
Frames	\$120	\$48
Contacts (elective)	Up to \$135	Up to \$95
Contacts (medically necessary)	Covered in full	Up to \$ 200

**Deductible**

Annual Eye Exam	\$10	No deductible
Eyeglass Lenses	\$25	No deductible

**Benefit Frequencies (months)**

*Based on Date of Service*

Exam/Lens/Frame	12/12/24
-----------------	----------

**Member cost for lens options (may vary by prescription, option chosen and retail location)**

Progressive Lenses	Standard: \$65 + lens deductible Premium: lens cost -20% discount -\$120 allowance + Standard Progressive cost	No benefit
Std. Polycarbonate	\$40	No benefit
Tint (solid and gradient)	\$15	No benefit
Scratch Resistant Coating	\$15	No benefit
Anti-Reflective Coating	\$45	No benefit
Ultraviolet Coating	\$15	No benefit
Lasik or PRK	Average discount of 15% off retail price or 5% off promotional price at US Laser network participating providers.	No benefit

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

**Customer Service**

EyeMed 866-289-0614 [www.eyemedvisioncare.com](http://www.eyemedvisioncare.com)  
 Mon-Sat 8am-11pm, Sun 11am-8pm (EST)

**Additional Savings**

**When you visit an EyeMed network provider you'll save:**

-  **20% off remaining frame balance**
-  **15% off remaining contact lens balance and additional contacts after benefit allowance**
-  **40% off non-covered complete prescription glasses**
-  **15% off LASIK and PRK laser surgery retail price or**
-  **5% off promotion price**

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

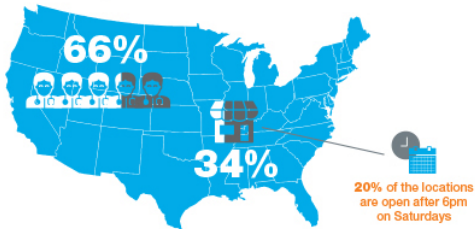
**Rx Savings**

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 savings cards, visit [ameritas.com](http://ameritas.com), register/sign in to your secure member account and select member savings. This discount is offered at no additional cost and is not insurance.

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.

**EyeMed Access Network**

Over 94,000 access points nationwide, made up of 66% independent doctors and 34% retail locations



**5 of the Top 6**

national retail chains accept EyeMed



On average, each EyeMed network provider is open 10 evening and 12 weekend hours per week



You'll find 100 frames priced \$130 or lower at every location



No claim forms to complete when you see an EyeMed provider

