

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 \$55
Lenticular Lenses	20% discount	No benefit
Progressive Lenses	See lens options	NA
Frames	\$130	\$130
Contacts (elective)	Up to \$130	Up to \$130
Contacts (medically necessary)	Covered in full	Up to \$ 200

Deductible

Annual Eye Exam	\$10	\$10
Eyeglass Lenses or Frames	\$25	\$25

Benefit Frequencies (months)

Based on Date of Service

Exam/Lens/Frame	12/12/24
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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

Monthly Rates

Employee only	\$6.48
Employee & Spouse	\$13.00
Employee & Child(ren)	\$11.00
Employee & Spouse & Child(ren)	\$18.16

Rates are effective from 10/1/2021 to 10/1/2023.

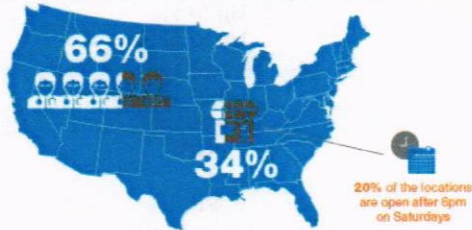
CITY OF KINGSVILLE

Policy #: 010-51794



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



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, 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.

Customer Service

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

Dental Plan Benefits

Type 1 Preventive No Waiting Period	100%
	Routine Exam (1 per 6 months) Bitewing X-rays (1 per 6 months) Cleaning (1 per 6 months)
Type 2 Basic No Waiting Period	80%
	Surgical Extractions Restorative Amalgams Restorative Composites Endodontics (nonsurgical) Periodontics (nonsurgical) Endodontics (surgical) Periodontics (surgical) Simple Extractions
Type 3 Major No Waiting Period	50%
	Crowns (1 in 10 years per tooth) Prosthodontics (Bridges, Dentures) (1 in 10 years)

Deductible

Type 1	\$0
Type 2 and 3	\$50 per person, per calendar year
Family Maximum	When 3 family members satisfy their Deductible Amounts for this Calendar Year, no additional Deductibles will apply to any family members for the rest of this Calendar Year.

Benefit Year Maximum

Type 1, 2, and 3 (per person, per calendar year)	\$1,500
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Orthodontia Benefits (children under age 19)

No waiting period	
Plan Benefit	50%
Lifetime Deductible	\$0
Lifetime Maximum (per person)	\$1,000

Claims Allowance

Type 1, 2 and 3	Maximum Allowable Benefit
<i>In network allowance is discounted fee</i>	

Monthly Rates

Employee only	\$20.20
Employee & Spouse	\$41.44
Employee & Child(ren)	\$50.52
Employee & Spouse & Child(ren)	\$73.68

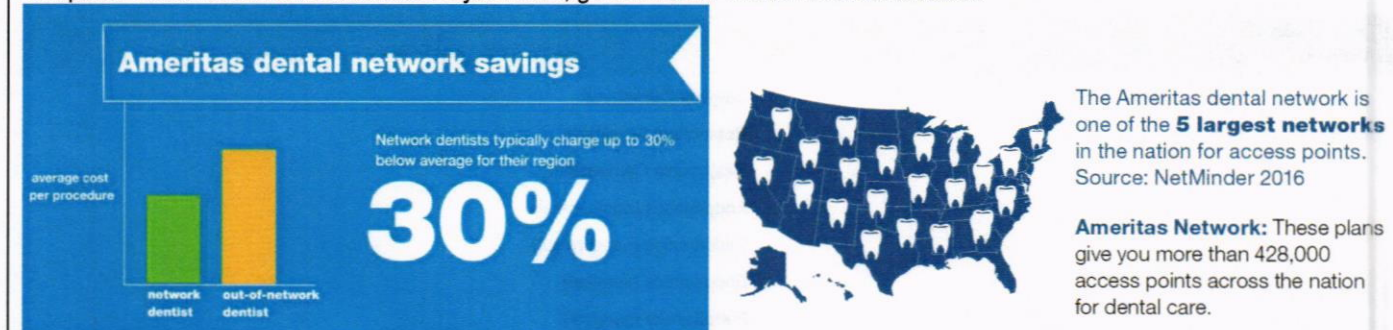
Rates are effective from 10/1/2021 to 10/1/2023.

Open Enrollment

If you do not elect to participate when initially eligible, you may elect to participate at the policyholder's next enrollment period, which normally coincides with the policy anniversary date.

Provider Flexibility and Network Savings

Members aren't limited to one particular dentist, or a small group of providers, who may or may not be taking new patients. Each plan member is free to visit any provider they choose, including your current dentist, regardless if they are in- or out-of-network. And family members do not have to see the same dentist. When you visit an in-network dentist there are no claim forms to complete. For a list of network dentists in your area, go to Find A Provider at ameritas.com.



Late Entrant

We strongly encourage you and/or your dependents to sign up for coverage when you are initially eligible. If you choose to enroll after initially declined, you and/or your eligible dependents will be considered a Late Entrant. Covered expenses will not include and benefits will not be payable in the first 12 months that a person is insured if the person is a Late Entrant; except for evaluations, prophylaxis (cleanings), and fluoride application. After 12 months, you will have access to all of the plan's benefits.

Member Savings

Prescription savings

Just for participating in our dental, vision or hearing care plans, members can save big on prescription medications through one of the world's largest retailers. **No additional cost. Only savings.**

Extra Value

Our plan members, their covered dependents can **save on prescription medications at over 60,000 pharmacies across the nation** including CVS, Walgreens, Rite Aid and Walmart. This Rx discount is offered at no additional cost, and it is not insurance.

Participating pharmacies will give Ameritas plan members their normal health care pharmacy benefit, or the prescription discount, whichever saves them more. Even if the employees already have health insurance pharmacy benefits, they are welcome to check out this Rx discount.

Find a pharmacy near you - <http://www.emsmed.com/vendors/pharmacy.aspx>

Look up a price - <http://www.emsmed.com/vendors/rxpricing.aspx?groupid=Ameritas>

Rx Savings

Members can receive up to 65% savings on generic prescriptions, and overall average savings of 40% across brand name and generic prescription combined.

Save on frames and lenses

Save up to 30% off eyewear frames and lenses purchased at any Walmart Vision Center nationwide. This is available to you without any additional cost to your plan premium.

You may receive savings on the following vision care products at Walmart Vision Centers:



- top quality frames for the entire family including today's most popular brands.



- wide selection of lens options; all lenses come with scratch resistant coating for no additional charge.



- safety eyewear.

Guarantees

Walmart Vision Centers stand behind their products and workmanship by offering:

- 60-day frame and lens satisfaction guarantee.
- 12-month replacement guarantee on broken or damaged frames or lenses.
- lifetime adjustments and cleanings.

Customer Service

Customer Connections **800-487-5553** www.Ameritas.com
 Monday - Thursday 7am-12am CST, Friday 7am-6:30pm CST

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