

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

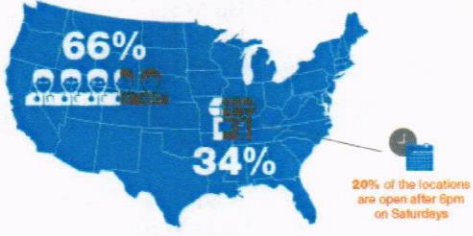
Monthly Rates

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.

EyeMed Access Network

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




66%
independent doctors


34%
retail locations

20% of the locations are open after 5pm on Saturdays


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



\$130

No claim forms to complete when you see an EyeMed provider








Customer Service

EyeMed **866-289-0614** 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, 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.

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.