

Ameritas Edge Vision Plan B



plan highlights



- No waiting periods or late entrant provisions
- VSP Signature Network boasts 29,500 doctors and 50,000 access points nationwide
- Retail chain affiliate providers include Costco® Optical locations, and stores managed by Visionworks

member savings

- Members save on prescription medications through any Walmart or Sam's Club pharmacy (membership at Sam's Club not required)

Healthy vision is one of the most precious and valuable gifts. Members can protect their vision through regular professional examinations and wearing proper eyewear. This convenient vision plan is an affordable way to help members protect their vision health.

Plan B monthly rates

	Employee Only	Employee + One Dependent	Employee + Family
Option 2 (12-12-12 Frequency)	\$13.34	\$19.82	\$33.50
9-month	\$17.78	\$26.44	\$44.66

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.

Network and out-of-network benefits

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

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

how members find a VSP provider

The VSP Signature Network features more than 29,500 providers and 50,000 access points nationwide.

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

When making an appointment with the VSP Signature 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.

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:

1. eye exam more than once in any 12-month period.
2. lenses more than once in any 12-month period.
3. frames more than once in any 24-month period (for Option 1) and 12-month period (for Option 2).
4. 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.
5. 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.
6. services and/or materials not specifically included in this Schedule as covered Plan Benefits.
7. plano lenses (lenses with refractive correction of less than plus or minus .50 diopter).
8. services or materials that are cosmetic, including Plano contact lenses to change eye color and artistically painted Contact Lenses.
9. two pairs of glasses in lieu of bifocals.
10. 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.
11. orthoptics or vision training and any associated supplemental testing.
12. medical or surgical treatment of the eyes.
13. contact lens modification, polishing or cleaning.
14. the refitting of contact lenses after the initial 90-day filing period.
15. contact lens insurance policies or service contracts.
16. additional office visits associated with contact lens pathology.
17. local, state and/or federal taxes, except where law requires us to pay.
18. 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.
19. 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 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.



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