Ameritas EyeChoice®

Convenient, affordable vision plans for 3+ enrolled employees

Help your employees and their families meet their vision needs with the right plan.

Quick Summary	Focus®		ViewPointe®		Vision Perfect®	
Provider Network	VSP Choice Network		EyeMed Access Network		No network 15% off glasses at Walmart	
Annual Deductible	$10 exam $25 materials		$10 exam $25 eyeglass lenses		No deductible	
	In Network	Out of Network	In Network	Out of Network	Flat Max Plan	MCE Plan
Annual Eye Exam	100% covered	Up to $45	100% covered	Up to $35	Covers $150 total for exam, lens and frame collectively each year.	Up to $50
Single Vision Lenses	100% covered	Up to $30	100% covered	Up to $25		Up to $30
Frame	Plan 1 Up to $100 Plan 2 Up to $130	Up to $70	Plan 1 Up to $100 Plan 2 Up to $130	Plan 1 Up to $45 Plan 2 Up to $65		Up to $80
Contact Lenses	Plan 1 Up to $115 Plan 2 Up to $130	Up to $105	Plan 1 Up to $115 Plan 2 Up to $130	Plan 1 Up to $100 Plan 2 Up to $104		Up to $110
Employee Only Rate Based on 10+ enrolled	Plan 1 $7.36/month Plan 2 $8.44/month		Plan 1 $6.96/month Plan 2 $7.96/month		Flat Max $6.96/month MCE Plan $5.96/month	

Rates good through 1/31/2018. See inside for complete plan information, requirements and limitations.

Plan Requirements for All Plans

Administrative fee for groups with 15 or fewer enrolled employees, subject to state requirements, unless paying by electronic funds transfer	$15 per month
Printed paper certificates cost	20¢ per covered employee
Home address mailing cost	36¢ per covered employee
COBRA administration cost	63¢ per covered employee

- Rates/benefits quoted are based on a minimum of 3 enrolled employees. All rates and benefits quoted are not valid if the final enrollment is below the minimum threshold.
- Employer funding not required. If no employer money is involved, it is required that the vision plan will be sold in conjunction with a bona fide cafeteria plan regulated by Section 125 of the Internal Revenue Service code and it must meet all Section 125 requirements.
- No benefits are payable for a service which is not listed under the Schedule of Eye Care Services found in the certificate. Members pay costs exceeding plan benefits.
- Benefits available for all full-time, active employees working at least 30 hours per week who have completed the designated waiting period.
- Prescription medication savings through many pharmacies across the nation requires an Rx savings ID card available through the Ameritas secure member portal. This non-insurance discount is available at no additional cost.
- With Vision Perfect, the eyewear savings through Walmart Vision Centers requires a savings ID card available through the Ameritas secure member portal. This non-insurance discount is available at no additional cost.
- Through AXA Assistance, Ameritas offers vision plan members access to emergency vision provider referrals when traveling outside the U.S.

All rates are effective through 1/31/2018, and are guaranteed for two years (or may be set to align with the Section 125 plan year for voluntary plans).

This brochure highlights the vision coverage available through Ameritas Life Insurance Corp. Please refer to the Certificate of Insurance for a complete list of covered procedures. Options listed available in most states. Check with your Ameritas sales representative for product approval and availability.

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Focus® featuring VSP network savings

Benefit Summary

	Plan 1 In Network/Out	Plan 2 In Network/Out
Annual Deductible	$10 exam, $25 materials	
Benefit Frequencies	Exam-Lens-Frame frequencies are 12-12-24 months. Choose eyeglass lenses or contacts every 12 months.	
Annual Eye Exam	100% / $45	100% / $45
Single Vision Lenses	100% / $30	100% / $30
Bifocal Lenses	100% / $50	100% / $50
Trifocal Lenses	100% / $65	100% / $65
Progressive Lenses	In network benefit ranges from $55-$175	
Frame	$100 / $70	$130 / $70
Contact Lenses	$115 / $105	$130 / $105

- In network contact lens exam, fit & follow up cost capped at $60 (except in WA)
- Retinal imaging $39 in network vs. dilation with drops
- Polycarbonate lenses for dependent children 100% covered in network
- Prescription safety glasses may be selected in lieu of eyeglasses

Monthly Rates

3-Tiered Rates Number Enrolled	Plan 1 VS20003 3-9	Plan 1 VS20003 10+	Plan 2 VS20001 3-9	Plan 2 VS20001 10+
Employee	$8.44	$7.36	$9.48	$8.44
Employee & 1 Dependent	$17.52	$15.28	$19.00	$16.88
Employee & 2 or More	$25.16	$21.92	$26.76	$23.76
4-Tiered Rates Number Enrolled	**Plan 1 3-9**	**Plan 1 10+**	**Plan 2 3-9**	**Plan 2 10+**
Employee	$8.44	$7.36	$9.48	$8.44
Employee & Spouse	$18.88	$16.44	$20.52	$18.20
Employee & Children	$15.32	$13.36	$16.56	$14.72
Employee, Spouse & Children	$25.72	$22.44	$27.60	$24.48

VSP Choice Network offers over 64,000 access points and features over 31,000 private practice doctors plus 4,500 retail locations nationwide. Includes:

VSP Vision Care · Shopko Eyecare Center · Costco Optical · Visionworks

Network savings with VSP:

- 20% off remaining frame balance
- 20% off additional noncovered complete prescription glasses
- 20-25% off noncovered lens options such as UV coating and polycarbonate lenses
- Average of 15% off usual and customary price, or 5% off promotional price, for LASIK or PRK through VSP and a contracted laser surgery center

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

Limitations

Please refer to the Certificate of Insurance for a complete list of covered procedures. Check for availability in your state. Covered expenses will not include and no benefits will be payable for:

- Vision examinations, lenses and frames more than the frequency as indicated on the plan summary page.
- Services and/or materials not specifically included in the Schedule as covered Plan Benefits.
- Plano lenses (lenses with refractive correction of less than plus or minus .50 diopter) except as specifically allowed in the frames benefit section of the Plan Benefits.
- Services or materials that are cosmetic, including plano contact lenses to change eye color and artistically painted contact lenses.
- Two pairs of glasses in lieu of bifocals.
- 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.
- Orthoptics or vision training and any associated supplemental testing.
- Medical or surgical treatment of the eyes.
- Contact lens modification, polishing or cleaning.
- The refitting of contact lenses after the initial 90-day filing period.
- Contact lens insurance policies or service contracts.
- Additional office visits associated with contact lens pathology.
- Local, state and/or federal taxes, except where law requires us to pay.
- Covered persons may be required to purchase a membership at certain retail locations before accessing plan benefits.

ViewPointe® featuring EyeMed network savings

Benefit Summary

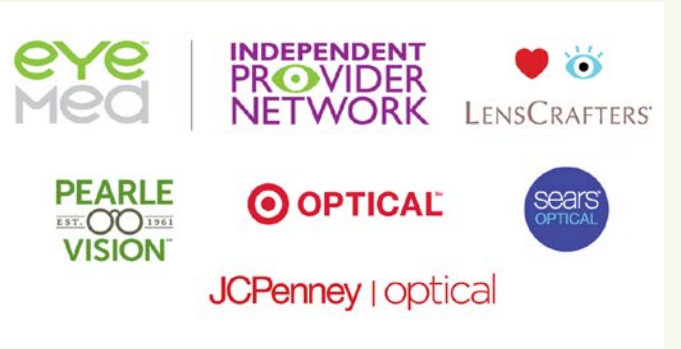
	Plan 1 In Network/Out	Plan 2 In Network/Out
Annual Deductible	$10 exam, $25 eyeglass lenses	
Benefit Frequencies	Exam-Lens-Frame frequencies are 12-12-24 months. Choose eyeglass lenses or contacts every 12 months.	
Annual Eye Exam	100% / $35	100% / $35
Single Vision Lenses	100% / $25	100% / $25
Bifocal Lenses	100% / $40	100% / $40
Trifocal Lenses	100% / $55	100% / $55
Progressive Lenses	Standard progressives in network are $65. Premium progressives in network are discounted.	
Frame	$100 / $45	$130 / $65
Contact Lenses/Fit & Follow up	$115 / $100	$130 / $104

- 15% off remaining balance for conventional contact lenses

Monthly Rates

3-Tiered Rates Number Enrolled	Plan 1 (V00392) 3-9	Plan 1 (V00392) 10+	Plan 2 (V00484) 3-9	Plan 2 (V00484) 10+
Employee	$7.96	$6.96	$8.96	$7.96
Employee & 1 Dependent	$16.52	$14.40	$17.92	$15.92
Employee & 2 or More	$23.72	$20.68	$25.24	$22.40
4-Tiered Rates Number Enrolled	**Plan 1 3-9**	**Plan 1 10+**	**Plan 2 3-9**	**Plan 2 10+**
Employee	$7.96	$6.96	$8.96	$7.96
Employee & Spouse	$17.80	$15.52	$19.36	$17.16
Employee & Children	$14.44	$12.60	$15.64	$13.88
Employee, Spouse & Children	$24.28	$21.16	$26.04	$23.08

EyeMed Access Network offers nearly 82,000 providers, made up of 66% independent providers and 34% retail locations. Includes:



Network savings with EyeMed:

- 20% off remaining frame balance and 20% off materials not covered by plan (excludes lens upgrades)
- 40% off complete pair prescription glasses after plan benefit
- Special pricing on lens upgrades such as UV coating and polycarbonate lenses
- 15% off retail price, or 5% off promotional price, for LASIK or PRK with U.S. Laser Network owned by LCA-Vision

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

Limitations

Please refer to the Certificate of Insurance for a complete list of covered procedures. Check for availability in your state. Covered expenses will not include and no benefits will be payable for:

- Vision examinations, lenses and frames more than the frequency as indicated on the plan summary page.
- Orthoptics or vision training and any associated supplemental testing.
- Plano lenses (lenses with refractive correction of less than plus or minus .50 diopter) except as specifically allowed in the frames benefit section of the Plan Benefits.
- Two pairs of glasses in lieu of bifocals.
- 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.
- Medical or surgical treatment of the eyes.

Vision Perfect® Ameritas reimbursement plan

Benefit Summary

	Flat Max Plan	MCE Plan
Annual Deductible	No deductible	
Benefit Frequencies	No exam-lens-frame frequencies	Exam-lens-frame frequencies are 12-12-24. Choose eyeglass lenses or contacts every 12 months.
Annual Eye Exam	Flat annual maximum of $150 is reimbursed for eligible exams, lenses and frames collectively.	up to $50
Single Vision Lenses		up to $30
Bifocal Lenses		up to $50
Trifocal Lenses		up to $100
Progressive Lenses		up to $130
Frame		up to $80
Contact Lenses		up to $110

- 15% off prescription eyeglasses purchased at a Walmart Vision Center (excludes contacts). Visit walmart.com and search for "Walmart Vision Centers" to see all the frames available (may vary by store).
- MCE Plan is based on a list of vision services and materials with a corresponding maximum covered amount for each

Monthly Rates

3-Tiered Rates Number Enrolled	Flat Max Plan 3-9	Flat Max Plan 10+	MCE Plan 3-9	MCE Plan 10+
Employee	$7.96	$6.96	$6.96	$5.96
Employee & 1 Dependent	$16.52	$14.40	$13.92	$11.92
Employee & 2 or More	$23.72	$20.68	$19.60	$16.76
4-Tiered Rates Number Enrolled	**Flat Max Plan 3-9**	**Flat Max Plan 10+**	**MCE Plan 3-9**	**MCE Plan 10+**
Employee	$7.96	$6.96	$6.96	$5.96
Employee & Spouse	$17.80	$15.52	$15.04	$12.84
Employee & Children	$14.44	$12.60	$12.16	$10.40
Employee, Spouse & Children	$24.28	$21.16	$20.24	$17.28

Members select the vision provider of their choice, pay the provider and submit a claim for reimbursement (save your receipts). Because there's no network, members may take advantage of special pricing offers from the provider.

Limitations

Please refer to the Certificate of Insurance for a complete list of covered procedures. Check for availability in your state. Covered expenses will not include and no benefits will be payable for:

- Vision examinations, lenses and frames exceeding the set annual benefit amount.
- Examinations performed or frames or lenses ordered before the member was covered under the plan.
- Subject to extension of benefits, any examination performed or frame or lens ordered after the coverage under the plan ceases.
- Sub-normal eye care aids; orthoptic or eye care training or any associated testing.
- Non-prescription lenses.
- Any eye examination or corrective eyewear required by an employer as a condition of employment.
- Medical or surgical treatment of the eyes.
- Any service or supply not shown on the Schedule of Eye Care Procedures.
- Coated lenses; oversize lenses (exceeding 71 mm); photo-gray lenses; polished edges; UV-400 coating and facets, and tints other than solid.
- Claims filed more than 90 days after completion of the service (or longer than 90 days in certain states). An exception is if the Insured shows it was not possible to submit the proof of loss within this period.

Ameritas
fulfilling life.