



# Vision Insurance

Network provided by:



S12033 (rev. 4.2018)

Marketed by:



**DirectBenefits**

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Underwritten by:



Ameritas Life Insurance Corp.  
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Spirit's vision plan utilizes the EyeMed Access vision network. EyeMed is a leading vision benefits company, offering the following features:

- Savings on eye care and eyewear
- Quality standards for care and materials
- Access to thousands of providers nationwide including independent providers and major retail chains

For the most accurate information, remember your Plan Number:

- |                 |                 |
|-----------------|-----------------|
| Plan A (V00836) | Plan E (V00840) |
| Plan B (V00837) | Plan F (V00841) |
| Plan C (V00838) | Plan G (V00842) |
| Plan D (V00839) | Plan H (V00843) |

**The EyeMed Vision Care Network may not be available in all states.**

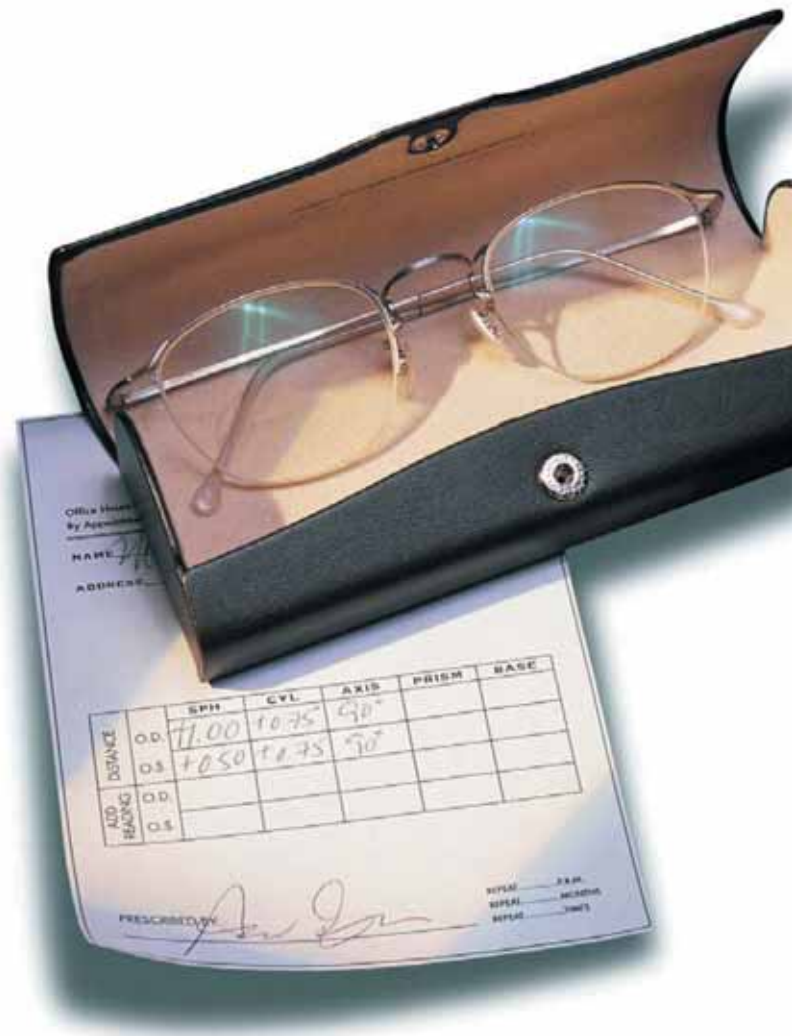


## Eye Examinations

Annual eye exams do more than check vision. Exams can detect a variety of conditions, including diabetes, high blood pressure and glaucoma. Early detection and treatment can minimize the effect of these conditions on long-term health. Spirit Vision Insurance covers annual eye exams for maximum health benefits.

## Using The Plan

- Locate a provider at [www.eyemedvisioncare.com](http://www.eyemedvisioncare.com). Register to use the secure member site once enrolled, or choose **Access** from the locator drop-down box.
- Present your ID card which includes your member ID number.
- The provider will do the rest! There are no claim or authorization forms necessary for in-network benefits.



## In-Network Benefits

### EYE EXAMINATIONS

\$0 or \$10 copay (once every 12 months)

Eye examinations include dilation as determined by the doctor.

Contact lens wearers will pay up to \$55 for standard contact lens exam, including fit and follow-up, or receive 10% off retail price for premium contact lens exam, fit and follow-up.

### EYEGLASS LENSES

\$0, \$10 or \$20 copay (once every 12 or 24 months)

Plans cover standard plastic single vision, bifocal or trifocal lenses of any size or power. Lens options are available at additional cost.

### FRAMES

\$0 copay (once every 12 or 24 months)

Plans include a \$130 retail allowance that can be applied toward the purchase of any frame available at the provider location. The member will also receive a 20% discount off the balance if selecting a frame that costs more than \$130.

### CONTACT LENSES

(Instead of lenses)

\$0, \$10 or \$20 copay (once every 12 or 24 months)

Plans include a \$130 retail allowance that can be applied toward the purchase of conventional or disposable contact lenses. If the member chooses conventional contact lenses with a retail price over \$130, he or she will receive 15% off the balance. Medically necessary contact lenses are paid in full after the copay.

Replacement contact lenses can be ordered online and conveniently delivered to members' homes through [www.eyemedcontacts.com](http://www.eyemedcontacts.com).

### GLASSES.COM

Members can use GLASSES.COM as an in-network option to purchase frames. Simply send a picture of the prescription. Lenses are available for most prescriptions, including progressives and multifocals. Orders are fulfilled and shipped free the following day. Once received if you need an adjustment visit any LensCrafters.

### CONTACTSDIRECT.COM

Use your in-network benefits to order your contacts on-line at CONTACTSDIRECT.COM. Select your lenses from a wide selection of top selling brands. Contacts will ship as soon as the prescription is verified – most within that same day – and for free.

### ADDITIONAL DISCOUNTS

Spirit Vision members will also receive unlimited additional discounts on purchases made at participating provider locations, including:

- 40% off additional complete pairs of eyeglasses
- 15% off additional purchases of conventional contact lenses
- 20% off non-covered items like cleaning cloths or nonprescription sunglasses

### Other Discounts

Coatings and lens treatments can be added for the costs below:

Lens Option	Member cost
Polycarbonate lenses	\$40
Scratch-Resistant coating	\$15
Solid or gradient tint	\$15
Ultraviolet coating	\$15
Anti-Reflective coating	\$45
Standard progressive (add-on to bifocal)	\$65
Lens options not listed	20% off retail price

These additional discounts are not part of the insurance plan.

## Out-of-Network Benefits

Members receive the richest benefits when using a participating EyeMed provider. However, the plan includes an out-of-network benefit for services and materials obtained through non-network providers.

### REIMBURSEMENT LEVELS

Annual Eye Exam - Up to \$35

Frames - Up to \$45

Single Vision Lenses - Up to \$25

Bifocal Lenses - Up to \$40

Trifocal Lenses - Up to \$55

Contact Lenses - Up to \$100

### USING OUT-OF-NETWORK BENEFITS

Members must file claims for out-of-network benefits.

Members can obtain an out-of-network claim form from EyeMed's Web site, [www.eyemedvisioncare.com](http://www.eyemedvisioncare.com), or by calling **866-723-0513**. Members will pay for all services and materials in full, then submit the completed claim form with receipts for reimbursement.

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Underwritten by Ameritas Life Insurance Corp. Group dental, vision and hearing care products (9000 Rev. 03-16, dates may vary by state) are issued by Ameritas Life. Some plan designs are not available in all areas. Ameritas, the bison design, "fulfilling life" and product names designated with SM or ® are service marks or registered service marks of Ameritas Life, affiliate Ameritas Holding Company or Ameritas Mutual Holding Company. All other brands are property of their respective owners.

# Spirit Vision – Groups of 2 or more

## 75% Participation Rates

Plan	Frequency		Co-pay		Cost per Employee per Month		
	Exams	Materials	Exams	Materials	Employee	Employee +1	Family
A (V00836)	12	12	\$0	\$0	\$11.20	\$19.52	\$28.36
B (V00837)	12	24	\$0	\$0	\$7.60	\$12.92	\$18.56
C (V00838)	12	12	\$10	\$10	\$9.16	\$15.80	\$22.84
D (V00839)	12	24	\$10	\$10	\$6.28	\$10.48	\$14.88
E (V00840)	12	12	\$10	\$20	\$8.48	\$14.52	\$20.92
F (V00841)	12	24	\$10	\$20	\$5.88	\$9.72	\$13.76
G (V00842)	N/A	12/24	N/A	\$10 - Lenses	\$5.12	\$8.80	\$12.76
H (V00843)	N/A	12	N/A	\$10	\$6.88	\$11.88	\$17.12

## Voluntary Rates

Plan	Frequency		Co-pay		Cost per Employee per Month		
	Exams	Materials	Exams	Materials	Employee	Employee +1	Family
A (V00836)	12	12	\$0	\$0	\$13.40	\$23.64	\$34.48
B (V00837)	12	24	\$0	\$0	\$9.00	\$15.52	\$22.44
C (V00838)	12	12	\$10	\$10	\$10.92	\$19.08	\$27.72
D (V00839)	12	24	\$10	\$10	\$7.36	\$12.52	\$17.96
E (V00840)	12	12	\$10	\$20	\$10.08	\$17.48	\$25.32
F (V00841)	12	24	\$10	\$20	\$6.88	\$11.60	\$16.56
G (V00842)	N/A	12/24	N/A	\$10 - Lenses	\$6.12	\$10.56	\$15.32
H (V00843)	N/A	12	N/A	\$10	\$8.20	\$14.32	\$20.80

Rates effective 5/1/2018

## Available in the Following States

Alabama	Georgia	Maine	North Carolina	Utah
Alaska	Hawaii	Michigan	North Dakota	Vermont
Arizona	Idaho	Minnesota	Ohio	Virginia
Arkansas	Illinois	Mississippi	Oklahoma	West Virginia
California	Indiana	Missouri	Oregon	Wisconsin
Colorado	Iowa	Nebraska	Pennsylvania	Wyoming
Connecticut	Kansas	Nevada	South Carolina	
Delaware	Kentucky	New Hampshire	South Dakota	
District of Columbia	Louisiana	New Jersey	Tennessee	
Florida		New Mexico	Texas	

This plan is not available in MA, MD, MT, RI, & WA.



Underwritten by:



# LIMITATIONS, EXCLUSIONS & UNDERWRITING GUIDELINES

## EyeMed Limitations

Please check for availability in your state. Based on applicable laws, reduced costs may vary by doctor locations. 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.

## Exclusions – We will not cover:

1. Orthoptic or vision training and any associated supplemental testing;
2. Plano lenses;
3. Lens Coatings;
4. Two pair of glasses, in lieu of bifocals or trifocals;
5. Medical or surgical treatment of the eyes;
6. Any eye examination, or any corrective eyewear, required by an employer as a condition of employment;
7. Any injury or illness when covered under any Workers' Compensation or similar law, or which is work-related;
8. Customization of bifocal lenses to a progressive or no-line lens;
9. Photo-chromatic lenses;
10. Sub-normal vision aids or non-prescription lenses;
11. Services rendered or Materials purchased outside the U.S. or Canada, unless:
  - a. the Insured resides in the U.S. or Canada; and
  - b. the charges are incurred while on a business or pleasure trip;
12. Charges in excess of the Usual and Customary charge for the Service or Materials;
13. Charges incurred after:
  - a. the Policy ends; or
  - b. the Insured's coverage under the Policy ends, except as stated in the Policy;
14. Experimental or non-conventional treatment or device;
15. Spectacle lens treatments or "add-ons", except solid tints (#1 & #2), and oversize lenses;
16. High Index lenses of any material type; or
17. Lost or broken Materials, except when replaced at normal intervals when Services are available.

## Underwriting Guidelines

- Available to any employer group with a minimum of two employees enrolled.
- Employees must be full-time (at least 20 hours per week) and non-seasonal.
- Rates are guaranteed for a period of four years from the group's effective date.
- Enrollments are effective the first of the month following submission of a complete and accurate application, enrollment forms, and a check for the initial premium.
- Groups are not required to have a Section 125 plan to offer benefits.
- 100% family related employers may apply with a 15% rate increase.
- EyeMed Network: Access
- ER Paid: not less than two unrelated employees (75% of the employers eligible employees - the greater number after eligible waivers) must be enrolled in the plan. Employer must contribute a minimum of 25% of the total premium. A 5% premium surcharge will be applied to employers that choose to waive this requirement. For the Voluntary plan, not less than two unrelated employees. 25% of the employers eligible employees (after eligible waivers) must be enrolled. A 5% premium surcharge will be applied to employers that choose to waive this requirement.
- Florida only allows for a 1 year rate guarantee for groups under 50 lives. The same rates apply.



*Plan Coordinator:*  
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