



Vision Insurance

For Groups 2-99 Lives
Employer Funded or Voluntary Plan Options
Utilizes VSP Choice (+Affiliates) Plan
Rates Guaranteed for 4 Years

Network provided by:

vsp
vision care

Underwritten by:

Ameritas 

Ameritas Life Insurance Corp.
5900 O Street Lincoln, NE 68510

Marketed by:

 **DirectBenefits**
AN ALERA GROUP COMPANY

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Why enroll in a Spirit Vision care plan?

Spirit Vision group products were designed for employers seeking maximum product flexibility. The flexible benefit choices can be designed around the employees' needs and budgeting constraints. Based on benefit choices selected, the price of the plan will vary.

Spirit Vision plans include in-network and out-of-network benefits. The in network plan utilizes the VSP Choice (+Affiliates) Plan with a national network of over 37,000 private practice doctors and over 78,000 access points.

In addition to the highlights below, the VSP Network also offers discounts on laser surgery including LASIK and coverage for low vision supplemental testing and low vision aids.*

You'll like what you see with VSP.

Value and Savings

You'll get great benefits on your exam and eyewear.

Personalized Care

You'll get quality care that focuses on your eyes and overall wellness with a WellVision® exam from a VSP doctor. They'll look for vision problems and signs of other health conditions.

When you see a VSP doctor, you'll get the most out of your benefit and have lower out-of-pocket costs.

Eyewear

Choose the eyewear that's right for you and your budget. From classic styles to the latest designer fashions, you'll find hundreds of options for you and your family.

Choice of Providers

With open access to see any eyecare provider, you can see the one who's right for you. Choose a VSP doctor or any other provider. To find a VSP doctor, visit vsp.com or call 800.877.7195.

Benefits Available	Benefit Choices
Frequency of Exams/Lenses/Frames Copay for Exams/Materials	· 12/12/12 and 12/12/24 · \$10/\$10 or \$10/\$25

Benefit Plan 12 / 12 / 12

WellVision Exam® focuses on your eye health and overall wellness.

- \$10 copay**every 12 months**

Prescription Glasses (depending upon plan selected)

- \$10 copay
- \$25 copay

Lenses**every 12 months**

- Single vision, lined bifocal, lined trifocal lenses
- Polycarbonate lenses for dependent children

Frame**every 12 months**

- \$130 allowance for frame of your choice
- 20% off the amount over your allowance

-OR

Contacts (instead of glasses) **every 12 months**

- \$130.00 allowance for contacts

Benefit Plan 12 / 12 / 24

WellVision Exam® focuses on your eye health and overall wellness.

- \$10 copay**every 12 months**

Prescription Glasses (depending upon plan selected)

- \$10 copay
- \$25 copay

Lenses**every 12 months**

- Single vision, lined bifocal, lined trifocal lenses
- Polycarbonate lenses for dependent children

Frame**every 24 months**

- \$130 allowance for frame of your choice
- 20% off the amount over your allowance

-OR

Contacts (instead of glasses) **every 12 months**

- \$130.00 allowance for contacts

Glasses and Sunglasses

- Average 30% savings on lens options like progressive and scratch-resistant and anti-reflective coatings.
- 20% off additional glasses and sunglasses, including lens options, from the same VSP doctor on the same day as your WellVision Exam*.

Contacts

- In-network contact lens exam, fit & follow-up cost capped at \$60.
- 15% off cost of contact lens exam (fitting and evaluation).

Additional benefits at no additional cost.*

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

VisionCare ProgramSM

- VSP contracted laser centers provide discounts averaging 15% off laser surgery, including photorefractive keratectomy (PRK), laser-assisted in-situ keratomileusis (LASIK) and Custom LASIK.
- If the laser center is offering a price reduction, VSP members will receive an additional 5% off the promotional price.

Low Vision

- Low vision is vision loss sufficient enough to prevent reading and performing daily activities.
- With pre-approval from VSP, low vision supplemental testing and low vision aids up to \$1000 are covered every 2 years.

Spirit Vision also offers out of network benefits. Members will realize the biggest benefit savings when they utilize an in-network provider, but our plans reflect the understanding that it is not always possible. When an out-of-network provider is utilized, the member pays the provider the appropriate fees and then requests reimbursement from the plan. Note: the plan will reimburse up to the amounts indicated in the schedule after the appropriate copay has been deducted:

Out of Network Services	Reimbursement Schedule
Annual Eye Exam	up to \$45
Frames	up to \$70
Contact Lenses	up to \$105
Single Vision Lenses	up to \$30
Bifocal Lenses	up to \$50
Trifocal Lenses	up to \$65

* These additional discounts and value-added features are not a part of the insurance plan and there is no affiliation or ownership between Ameritas and these programs.

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Underwriting Guidelines

Minimum Group Size

You can offer this plan if you employ 2 or more non-related full time employees. 100% family related employers may apply for a 15% rate increase.

Eligibility

Your full time employees working 20 or more hours per week are eligible for this plan. Annual open enrollment period is included standard. New employees must enroll within 31 days of becoming eligible or wait for the next open enrollment period. Minimum 30 day waiting period for 2-9 life groups. Groups are not required to have a Section 125 plan.

Employer Restrictions

For groups with 2-9 lives, most firms will qualify for this plan; however, coverage is not available to:

- Groups funded by the government or any government agency
- Groups that are home based
- Groups that are seasonal in nature

Minimum Participation Requirements

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.

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.
- 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.

4-TIER RATES				
Plan	Employee Only	Employee + Spouse	Employee + (Child)ren	Family
Plan 1 - 12/12/24 - 10/25 Copay	\$8.44	\$16.88	\$17.40	\$26.28
Plan 2 - 12/12/24 - 10/10 Copay	\$9.00	\$18.04	\$18.44	\$27.96
Plan 3 - 12/12/12 - 10/25 Copay	\$9.52	\$19.08	\$17.72	\$28.40
Plan 4 - 12/12/12 - 10/10 Copay	\$10.16	\$20.40	\$18.80	\$30.20

3-TIER RATES			
Plan	Employee Only	Employee + Spouse	Family
Plan 1 - 12/12/24 - 10/25 Copay	\$8.44	\$16.12	\$25.20
Plan 2 - 12/12/24 - 10/10 Copay	\$9.00	\$17.16	\$26.80
Plan 3 - 12/12/12 - 10/25 Copay	\$9.52	\$17.40	\$27.24
Plan 4 - 12/12/12 - 10/10 Copay	\$10.16	\$18.48	\$28.96

Rates effective 5/1/2018.

Plans are available in all states except MA, MD, MT, RI and WA.

Florida only allows for a 1 year rate guarantee for groups under 50 lives. The same rates apply.

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Contact Us



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