

EyeMed – Choose from two plans

EyeMed Access Plan A In-Network

Eye Exams focus on your eye health and overall wellness

- \$15 deductible every 12 months

Contact Lens Exam & Fitting

Standard contact lens exam and fitting

- \$15 deductible every 12 months

Premium contact lens exam and fitting

- \$15 deductible every 12 months
- 90% of retail charges less \$55 allowance

Frames

- Up to \$150 allowance every 12 months

Contacts (in lieu of lenses and frames)

- Up to \$150 allowance every 12 months

Single/Bifocal/Trifocal or Lenticular Lenses

- \$25 deductible every 12 months

Medically Necessary Contact Lenses

- \$25 deductible every 12 months
- Paid in full minus deductible

Medically necessary contact lens follows the contacts frequency;
Medically necessary contacts not available in the state of TN & TX.

EyeMed Access Plan B In-Network

Eye Exams focus on your eye health and overall wellness

- \$15 deductible every 12 months

Contact Lens Exam & Fitting

Standard contact lens exam and fitting

- \$15 deductible every 24 months

Premium contact lens exam and fitting

- \$15 deductible every 24 months
- 90% of retail charges less \$55 allowance

Frames

- Up to \$150 allowance every 24 months

Contacts (in lieu of lenses and frames)

- Up to \$150 allowance every 24 months

Single/Bifocal/Trifocal or Lenticular Lenses

- \$25 deductible every 24 months

Medically Necessary Contact Lenses

- \$25 deductible every 24 months
- Paid in full minus deductible

Medically necessary contact lens follows the contacts frequency;
Medically necessary contacts not available in the state of TN & TX.

EyeMed Direct Vision

FL, MS - Rates

MN & NM - Rates

CO, MI & NC- Rates

	Plan A	Plan B		Plan A	Plan B		Plan A	Plan B		Plan A	Plan B
Individual	\$15.02	\$11.53	Individual	\$12.02	\$9.22	Individual	\$9.28	\$7.11	Individual	\$10.92	\$8.36
Individual +1	\$27.64	\$21.22	Individual +1	\$22.11	\$16.98	Individual +1	\$17.44	\$13.19	Individual +1	\$20.52	\$15.52
Family	\$41.31	\$31.71	Family	\$33.05	\$25.37	Family	\$26.01	\$19.41	Family	\$30.60	\$22.84

Lenses and Frames

| Standard plastic singles, bifocal, trifocal or lenticular lenses coverage with discounts available on additional lens options.

| 40% off unlimited additional eyeglasses after initial benefit is exhausted.

| Receive 20% discount on remaining frame balance (once allowance has been applied) and 15% discount on any balance over the conventional contact lens allowance.

Glasses.com & contactsdirect.com

Members can use Glasses.com and contactsdirect.com as an in-network option to purchase frames and contacts.
For glasses:

| 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.

For contacts:

| Select your lenses from a wide selection of top selling brands.

| Contacts will ship as soon as the prescription is verified – most that same day – and for free.

Additional Standard Lens Enhancements (Member Cost) Single & Multifocal Vision

UV Protection Coating	\$15
Plastic Solid Tints & Dyes (Except pink I & II)	\$15
Plastic Gradient Dye	\$15
Standard Scratch-Resistance	\$15
Standard Polycarbonate Lens	\$40
Standard Anti-Reflective Coating	\$45
Photochromic Lens - Plastic	Retail Discount
Standard Progressive	\$65
Other Add-Ons and Services	Retail Discount

Maximum Allowance Out-Of-Network

Exams	\$50
Frames	\$70
Single Vision Lens	\$50
Bifocal Lens	\$75
Progressive Lens	\$75
Trifocal Lens	\$100
Lenticular	\$75
Contact Lens Standard & Premium Fit and Follow Up	\$40
Elective Contact Lenses	\$105
Medically Necessary Contact Lenses	\$250
Medically necessary contacts not available in the state of TN & TX.	

Additional benefits at no additional cost*

| 5-15% savings on LASIK or PRK services through the US Laser Network.

Out-of-Network Benefits

Direct Vision also offers out-of-network benefits. You will realize the biggest benefit savings when you visit an in-network provider, but our plans reflect the understanding that it is not always possible. When an out-of-network provider is utilized, you pay the provider the appropriate fees and then request reimbursement from the plan. The plan will reimburse up to the amounts indicated in the schedule shown above.

* 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. Based on applicable laws, costs may vary by doctor location and material type. Costs are subject to change without notice. The EyeMed Direct Vision Insurance plans are available in all states except : MA, MD, MT, RI, WA and PA counties of Forest, Huntingdon, Montour, and Sullivan. Plan B not available in NM.

Vision Limitations and Exclusions

What is not covered?

This plan has the following limitations.

- Vision examinations, lenses and frames more than the frequency as indicated on the plan summary page.
- This plan does not cover Medically Necessary Contact Lenses more than once in any 24-month period. The treating provider determines if an Insured meets the coverage criteria for this benefit as listed below. This benefit is in lieu of Elective Contact Lenses.
 - For Keratoconus where the patient is not correctable to 20/30 in either or both eyes using standard spectacle lenses.
 - Patients whose vision can be corrected two lines of improvement on the visual acuity chart when compared to best standard spectacle lens correction.
 - Anisometropia of 3D or more.
 - High Ametropia exceeding -10D or +10D in meridian powers.
- This plan does not cover Orthoptics or vision training and any associated testing.
- This plan does not cover Plano Lenses.
- This plan does not cover non-prescribed Lenses or sunglasses.
- This plan does not cover two pairs of glasses in lieu of Bifocals.
- This plan does not cover replacement of Lenses and Frames that are lost or broken outside of the normal coverage intervals.
- This plan does not cover medical or surgical treatment of the eyes or supporting structures.
- This plan does not cover services for claims filed more than one year 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.
- This plan does not cover any procedure not listed on the Schedule of Eye Care Services.

When will my coverage begin?

When you enroll online your coverage can start as soon as the next day. Choose the date that works best for you and your family. You will receive an email confirmation immediately after enrollment to verify this information. If you chose e-delivery your policy and ID cards will be available for download on the Ameritas Member Portal. If you chose paper delivery your policy and ID cards will arrive via USPS in 10 days.

IMPORTANT NOTICE: Your enrollment will take 2-3 business days before it becomes accessible in the EyeMed or VSP provider systems. If you have an appointment within several days of your effective date and your provider indicates you are not yet in their system, please call customer service for assistance. Representatives are available Monday-Friday at 800.300.9566.

Plan includes a one-time non-refundable enrollment fee of \$25. This charge will be made at the time of purchase and may appear as a separate transaction from your vision insurance.