



Spirit Vision Insurance

- Available for groups down to 2 lives
- Competitive rates guaranteed for 4 years
- Voluntary rates or 75% participation rates
- Exams, prescription glasses or contacts every 12 months
- \$130 or \$180 frame or contact allowance options

Network provided by:



Underwritten by:



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

Marketed by:



Direct Benefits, Inc.
7900 International Drive, Suite 1040
Bloomington, MN 55425
agentsupport@directbenefits.com
800.620.5010, option 5
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Spirit's vision plan utilizes the EyeMed Insight 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

GLASSES.COM **contactsdirect**  **OPTICAL**
 **PEARLE VISION** **LENSCRAFTERS**

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 **eyemed.com** or by calling **(866) 289-0614**.
- Register to use the secure member site once enrolled, or choose **Insight Network** 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.

EyeMed (Insight Network)

Plan	Deductible (Exam/Materials)	Allowance (Frame/Contacts)
Plan A	\$10/\$10	\$130/\$130
Plan B	\$10/\$10	\$180/\$180
Plan C	\$0/\$0	\$130/\$130
Plan D	\$0/\$0	\$180/\$180
Plan E	\$10/\$20	\$130/\$130
Plan F	\$10/\$20	\$180/\$180
Plan G	\$10/\$25	\$130/\$130
Plan H	\$10/\$25	\$180/\$180
Plan I	Materials Only - \$20	\$130/\$130
Plan J	Materials Only - \$20	\$180/\$180
Plan K	Materials Only - \$25	\$130/\$130
Plan L	Materials Only - \$25	\$180/\$180

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
Standard Scratch-resistant Coating	\$15
Plastic Solid Tints and Dyes (Except pink I & II)	\$15
Ultraviolet coating	\$15
Standard Anti-reflective Coating	\$45
Lens options not listed	20% off retail price

Progressive Lenses	Premium
Standard- Covered in full after deductible	Tier 1- \$85 + lens deductible Tier 2- \$95 + lens deductible Tier 3 - \$110 + lens deductible Tier 4- \$65 plus 80% of charge less \$120 allowance

These additional discounts are not part of the insurance plan. Based on applicable laws, costs may vary by doctor location and material type. Costs are subject to change without notice.

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 \$65
Single Vision Lenses - Up to \$25
Bifocal Lenses - Up to \$40
Trifocal Lenses - Up to \$55
Contact Lenses - Elective- up to \$104
Medically Necessary- up to \$200

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.eyemed.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.

EyeMed (Insight Network)

Voluntary Rates

Plan	Deductible (Exam/Materials)	Allowance (Frame/Contacts)	Individual	Individual + 1	Family
Plan A	\$10/\$10	\$130/\$130	\$10.87	\$19.46	\$28.28
Plan B	\$10/\$10	\$180/\$180	\$12.50	\$22.20	\$32.26
Plan C	\$0/\$0	\$130/\$130	\$11.92	\$21.38	\$28.04
Plan D	\$0/\$0	\$180/\$180	\$13.70	\$24.39	\$35.56
Plan E	\$10/\$20	\$130/\$130	\$10.40	\$18.61	\$27.04
Plan F	\$10/\$20	\$180/\$180	\$11.95	\$21.23	\$30.84
Plan G	\$10/\$25	\$130/\$130	\$10.20	\$18.15	\$26.39
Plan H	\$10/\$25	\$180/\$180	\$11.72	\$20.70	\$30.10
Plan I	Materials Only - \$20	\$130/\$130	\$8.83	\$15.48	\$22.01
Plan J	Materials Only - \$20	\$180/\$180	\$10.16	\$17.66	\$25.10
Plan K	Materials Only - \$25	\$130/\$130	\$7.68	\$13.46	\$18.92
Plan L	Materials Only - \$25	\$180/\$180	\$8.83	\$15.36	\$21.58

EyeMed (Insight Network)

75% Participation Rates

Plan	Deductible (Exam/Materials)	Allowance (Frame/Contacts)	Individual	Individual + 1	Family
Plan A	\$10/\$10	\$130/\$130	\$9.88	\$17.64	\$25.44
Plan B	\$10/\$10	\$180/\$180	\$11.35	\$20.13	\$29.02
Plan C	\$0/\$0	\$130/\$130	\$10.83	\$19.38	\$28.04
Plan D	\$0/\$0	\$180/\$180	\$12.44	\$22.11	\$31.98
Plan E	\$10/\$20	\$130/\$130	\$9.45	\$16.86	\$24.32
Plan F	\$10/\$20	\$180/\$180	\$10.86	\$19.24	\$27.75
Plan G	\$10/\$25	\$130/\$130	\$9.26	\$16.46	\$23.74
Plan H	\$10/\$25	\$180/\$180	\$10.65	\$18.77	\$27.08
Plan I	Materials Only - \$20	\$130/\$130	\$8.03	\$14.03	\$19.80
Plan J	Materials Only - \$20	\$180/\$180	\$9.22	\$16.01	\$22.58
Plan K	Materials Only - \$25	\$130/\$130	\$6.98	\$12.20	\$17.02
Plan L	Materials Only - \$25	\$180/\$180	\$8.02	\$13.92	\$19.41

Rates effective 3/1/2026

Available in the Following States

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

This plan is not available in MA, MD, ME, MT, NM, RI, WA.
Plans I-L (materials only) not available in OH.

Underwritten by:



LIMITATIONS, EXCLUSIONS & UNDERWRITING GUIDELINES

EyeMed Vision Limitations and Exclusions

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.

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: Insight
- ER Paid: not less than two unrelated employees (75% of the employers eligible employees - the greater number of 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.



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