

Ameritas Edge Vision

Plans A & B

Plan A

Benefits	VSP Choice + Affiliates	Out-of-Network
Annual Eye Exam	100% covered*	up to \$45*
Single Vision Lenses	100% covered*	up to \$30*
Bifocal Lenses	100% covered*	up to \$50*
Trifocal Lenses	100% covered*	up to \$65*
Lenticular Lenses	100% covered*	up to \$100*
Frame	up to \$120 allowance*	up to \$70*
Contact Lenses: Medically Necessary	100% covered	up to \$210
Contact Lenses: Elective	up to \$120 allowance	up to \$105

*Subject to \$10 annual deductible on exams and \$25 annual deductible on materials.

Members pay applicable deductibles and any costs exceeding the in and out-of-network benefits. Frequency for Exam-Lenses-Frame is 12-12-24 for Option 1 and 12-12-12 for Option 2; contact lenses/expenses are in lieu of any other lenses/frame benefit. Benefits are calculated based on date of service.

Plan B

Benefits	VSP Choice + Affiliates	Out-of-Network
Annual Eye Exam	100% covered*	up to \$45*
Single Vision Lenses	100% covered**	up to \$30**
Bifocal Lenses	100% covered**	up to \$50**
Trifocal Lenses	100% covered**	up to \$65**
Lenticular Lenses	100% covered**	up to \$100**
Frame	up to \$130 allowance**	up to \$70**
Contact Lenses: Medically Necessary	100% covered	up to \$210
Contact Lenses: Elective	up to \$130 allowance	up to \$105

**Subject to \$15 annual deductible on exams and \$25 annual deductible on materials.

Members pay applicable deductibles and any costs exceeding the in and out-of-network benefits. Frequency for Exam-Lenses-Frame is 12-12-24 for Option 1 and 12-12-12 for Option 2; contact lenses/expenses are in lieu of any other lenses/frame benefit. Benefits are calculated based on date of service.

Plan Highlights

- Option 1: 12-12-24 Frequency
- Option 2: 12-12-12 Frequency
- No waiting periods or late entrant provisions
- Retail chain affiliate providers include Costco Optical locations, and stores managed by Visionworks
- Members save on prescription medications at many pharmacies across the nation

Members Enjoy VSP Discounts

- 20% off amount exceeding frame allowance
- \$20 bonus toward frame allowance on more than 30 featured brands
- 20% off additional non-covered complete prescription glasses/sunglasses
- 20-25% off non-covered lens options, like progressive lenses, UV coating
- 15% off contact lens fit and follow-up
- Average of 15% off the usual and customary price for LASIK or PRK, or 5% off a promotional price, with VSP and a contracted laser surgery center

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

Plan A Monthly Rates

	Employee Only	Employee + One Dependent	Employee + Family
Option 1 (12-12-24 Frequency)	\$7.50	\$11.70	\$20.70
Option 2 (12-12-12 Frequency)	\$8.40	\$13.10	\$23.20

Plan B Monthly Rates

	Employee Only	Employee + One Dependent	Employee + Family
Option 1 (12-12-24 Frequency)	\$11.20	\$17.50	\$29.60
Option 2 (12-12-12 Frequency)	\$12.60	\$19.60	\$33.10

- Rates good through May 1, 2018
- Electronic certificate delivery is included; paper certificates cost 20 cents per covered employee each month.
- Manual quote is required for groups with more than 99 lives; call 855-517-5307 or visit edge.ameritas.com.
- Please check for availability in your state.

Plan Requirements

- Plan A: Enrollees must participate in both dental and vision coverage through Ameritas. This plan may be combined with an Ameritas Edge Series dental plan, with a minimum of 3 enrolled employees. Plan A may also be sold as a stand alone plan with a minimum of 75% participation of the total eligible employees, and a minimum of 10 enrolled employees.
- Plan B: The rates and 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.
- A \$10 monthly administrative fee will apply, subject to state requirements. The fee is waived if the group elects to pay by electronic funds transfer or if both Ameritas Edge dental and Ameritas Edge vision plans are selected.
- Benefits available for all eligible employees who have completed the designated waiting period.
- This form highlights coverage available through Ameritas Life Insurance Corp. Please refer to the Policy or Certificate of Insurance for a complete list of covered procedures and limitations.

Terminations and Renewals

Coverage is renewable upon payment of billed premium during 31 day grace period.

Rates may be increased after the first policy year – not more frequently than twelve month intervals.

After first policy year, coverage may be terminated by Ameritas with forty-five days prior notice to employer, or as defined by state requirements.

How Members Find a VSP Provider

VSP Choice Network offers over 31,000 private practice doctors plus 4,500 retail locations nationwide including Costco Optical, Cohen's Fashion Optical, Rx Optical, Visionworks, Shopko Eyecare Center and SVS Vision.

Members can locate a VSP Signature Network provider by calling (800) 877-7195 or visiting ameritas.com and selecting *FIND A PROVIDER*, and clicking on Vision: VSP.

When making an appointment with the VSP Network doctor, members will identify themselves as a VSP member and provide his or her ID number. The doctor will contact VSP to verify eligibility, plan coverage and obtain authorization for services and eyewear.

Worldwide Support

AXA Assistance USA is part of a global organization with offices in more than 30 countries, where AXA Assistance professionals answer calls 24 hours a day to assist you while traveling abroad. Immediately after a call comes in, an assistance coordinator assesses the situation, provides credible provider referrals and can even help with making the appointment.

Dental or vision provider referral assistance services are independently offered and administered by AXA Assistance USA, Inc. (AXA). Providers referred by AXA are not members of the Ameritas network. Ameritas does not guarantee or make any representation as to the quality of the services provided by AXA or any provider referred by AXA. Referral to an AXA provider is not a guarantee of benefits, and all policy provisions and limitations would apply.

What is Not Covered by the Policy?

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

Covered expenses will not include, and no benefits will be payable for, expenses incurred for:

- Eye exam more than once in any 12-month period.
- Lenses more than once in any 12-month period.
- Frames more than once in any 24-month period (for Option 1) and 12-month period (for Option 2).
- Elective contact lenses more than once in any 12-month period. Contact lenses and associated expenses are in lieu of any other lenses or frames benefit.
- Medically necessary contact lenses more than once in any 12-month period. The treating provider determines if an insured meets the coverage criteria for this benefit. This benefit is in lieu of elective contact lenses.
- Services and/or materials not specifically included in this Schedule as covered Plan Benefits.
- Plano lenses (lenses with refractive correction of less than plus or minus .50 diopter).
- 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.
- Claims filed more than 180 days 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.
- Membership fees for any retail center in which an affiliate or open access provider office may be located. Covered persons may be required to purchase a membership in such entities as a condition of accessing plan benefits.



This information is provided by Ameritas Life Insurance Corp. (Ameritas Life). Group dental, vision and hearing care products (9000 Rev. 03-16, dates may vary by state) and individual dental and vision products (Indiv. 9000 Ed. 07-16) are issued by Ameritas Life. Some plan designs are not available in all areas. In Texas, our dental network and plans are referred to as the Ameritas Dental Network. Some states require that producers be appointed with Ameritas Life before soliciting its products. To become appointed with Ameritas Life, please call 800-659-2223. Most plans for groups with 26 or more enrolled lives are administered by Ameritas Life. Billing and eligibility for most plans with 25 or fewer enrolled lives are provided by HealthPlan Services, Inc.

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