

VISION

Ameritas Vision - Eye care can be an important benefit for you and your family, which is why we provide vision insurance through Ameritas using the VSP network of providers. Vision insurance is voluntary.

| Plan Feature | Frequency | In-Network | Out-of-Network |
|---|-----------|---|---|
| Network | | VSP Choice | |
| Examination | 12 Months | Covered in Full | Reimbursement up to \$45 |
| Standard Lenses Single Vision Bifocal Trifocal Lenticular | 12 Months | Covered in Full (Additional Cost Shares for Progressive Lenses may apply) | Reimbursement up to \$30 Reimbursement up to \$50 Reimbursement up to \$65 Reimbursement up to \$100 |
| Frames | 24 Months | \$150 allowance | Reimbursement up to \$75 |
| Contact Lenses - In lieu of eyeglass | | | |
| Elective Contact Lens fitting and evaluation | 12 Months | Up to \$60 Copay | N/A |
| Elective | | \$150 allowance | Reimbursement up to \$120 |
| Medically Necessary | | No Charge after Copay | Reimbursement up to \$210 |

See Certificate of Coverage for full policy details including limits and exclusions – for a copy see Human Resources. To identify an in-network provider go to www.vsp.com and choose the Choice network.

Maximize Your Vision Benefits!
Visit www.VSP.com & create an account today
or call 800-877-7195 to find a network provider.

Keep in mind your out-of-pocket will be lower when you see a network provider.

When visiting a VSP network provider just tell them you have VSP through Ameritas. No ID card is necessary.

