

**ViewPointe® Plan H Summary**

**Policy 010-40342**

	<b>EyeMed Access Network</b>	<b>Out of Network</b>
<b>Deductibles</b>	\$10 Exam \$0 Eye Glass Lenses	No deductible
<b>Annual Eye Exam</b>	Covered in full	Up to \$35
<b>Lenses (per pair)</b>		
<b>Single Vision</b>	Covered in full	Up to \$25
<b>Bifocal</b>	Covered in full	Up to \$40
<b>Trifocal</b>	Covered in full	Up to \$55
<b>Lenticular</b>	20% discount	No benefit
<b>Progressive</b>	See lens options	NA
<b>Contacts</b>		
<b>Fit &amp; Follow Up Exams</b>		
Standard	Standard: Member cost up to \$55	No benefit
Premium (Allowance)	Premium: 10% off of retail	No benefit
<b>Elective</b>	Up to \$115	Up to \$92
<b>Medically Necessary</b>	Covered in full	Up to \$200
<b>Frames</b>	\$100	Up to \$45
<b>Frequencies (months)</b>		
Exam/Lens/Frame	12/12/24 Based on date of service	12/12/24 Based on date of service

**Lens Options (member cost)**

	<b>EyeMed Access Network</b>	<b>Out of Network</b>
<b>Progressive Lenses</b>		No benefit
Standard	Standard: \$65 + lens deductible	
Premium	Premium: lens cost - 20% discount - \$120 allowance + Standard Progressive cost	
<b>Std. Polycarbonate</b>	\$40	No benefit
<b>Tint (solid and gradient)</b>	\$15	No benefit
<b>Scratch Resistant Coating</b>	\$15	No benefit
<b>Anti-Reflective Coating</b>	\$45	No benefit
<b>Ultraviolet Coating</b>	\$15	No benefit
<b>Lasik or PRK</b>	Average discount of 15% off retail price or 5% off promotional price at US Laser Network participating providers.	No benefit

**Eye Care Plan Member Service**

ViewPointe eye care from Ameritas Group features the money-saving eye care network of EyeMed Vision Care. Customer service is available to plan members through EyeMed's well-trained and helpful service representatives. Call or go online to locate the nearest EyeMed Access network provider, view plan benefit information and more.

EyeMed Customer Care Center: **1-866-289-0614**

- Service representative hours: 8 a.m. to 11 p.m. ET Monday through Saturday, 11 a.m. to 8 p.m. ET Sunday
- Interactive Voice Response available 24/7

Locate an EyeMed provider at: [ameritasgroup.com/member](http://ameritasgroup.com/member)

View plan benefit information at: [eyemedvisioncare.com](http://eyemedvisioncare.com)

**Additional ViewPointe® H Features**

<b>EyeMed In-Network Discounts</b>	15% discount off the remaining balance in excess of the conventional contact lens allowance. 20% discount off the remaining balance in excess of the frame allowance. 20% discount on items not covered by the plan at network providers, which may not be combined with any other discounts or promotional offers. This discount does not apply to EyeMed Provider's professional services, or contact lenses.
<b>EyeMed In-Network Secondary Purchase Plan</b>	Members receive a 40% discount on a complete pair of glasses once the funded benefit has been exhausted. Members receive a 15% discount off the retail price on conventional contact lenses once the funded benefit has been exhausted. Discount applies to materials only.
<b>Contact Lens Replacement by Mail Program</b>	After exhausting the contact lens benefit, replacement lenses may be obtained at significant discounts on-line. Visit <a href="http://EyeMedvisioncare.com">EyeMedvisioncare.com</a> for details.

**Rx Savings**

Our valued plan members and their covered dependents (even their pets) can save on prescription medications through any Walmart or Sam's Club pharmacy across the nation. This Rx discount is offered at no additional cost, and it is not insurance.

To receive the Walmart Rx discount, Ameritas plan members just need to visit us at [ameritasgroup.com](http://ameritasgroup.com) and sign into (or create) a secure member account where they can access and print an online-only Rx discount savings ID card.

**Dual Choice Eye Care Plans**

Dual Choice Plans let you offer your employees a choice between two plans in one policy. Your employees select the plan that best suits their coverage and financial needs.

- On the January 1, 2014, effective date, all eligible employees must choose between the two plans shown or choose to waive coverage. The employee must remain in the plan he or she chose until the next renewal date. At each annual election period, employees may switch between plans without penalty.

**Section 125**

This plan is provided as part of the Policyholder's Section 125 Plan. Each employee has the option under the Section 125 Plan of participating or not participating in this plan. If an employee does not elect to participate when initially eligible, he/she may elect to participate at the Policyholder's next Annual Election Period.

**Child Dependent Coverage to age 26**

Dependent children are covered to the age of 26. The employee must notify Ameritas when his dependent should no longer be on the plan. Please see your plan booklet or call (800) 659-2223 for more information on the eligibility of your dependent child(ren).

**This document is a highlight of plan benefits provided by Ameritas Life Insurance Corp. as selected by your employer. It is not a certificate of insurance and does not include exclusions and limitations. For exclusions and limitations, or a complete list of covered procedures, contact your benefits administrator.**