



PANTHEOS
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EyeChoice® Plan Information

Focus Benefits	VSP Network	Out of Network
Annual Eye Exam	100% covered	covers up to \$52
Single Vision Lenses	100% covered	covers up to \$55
Bifocal Lenses	100% covered	covers up to \$75
Trifocal Lenses	100% covered	covers up to \$95
Lenticular Lenses	100% covered	covers up to \$125
Frame	covers up to \$105	covers up to \$40
Contact Lenses	covers up to \$105	covers up to \$105

Monthly Rates

Rates are valid for policy effective dates through 1/1/09 and are guaranteed for two years, or to align with Section 125 plan year.

	10-499 enrolled
Employee Only (EE)	\$8.96
EE + Spouse	\$19.32
EE + Children	\$15.64
EE + Spouse and Children	\$26.00
Plan Code (for internal use only)	VIS176

Focus®

We do everything in our power to make sure you and your employees are satisfied. That includes offering Focus, our eye care plans featuring the VSP nationwide network. Choose a VSP provider and you are guaranteed 100% satisfaction.

Plan Highlights

- Enjoy 20% off additional non-covered complete pairs of prescription glasses and sunglasses
- For contacts, receive 15% off your contact lens fitting and follow-up
- Get special pricing on lens options such as ultra-violet coating
- For LASIK or PRK, save an average of 15% off the usual and customary price—or 5% off the promotional price—with VSP and a contracted laser surgery center
- Find a provider at ameritasgroup.com or call VSP at 800.877.7195

Plan Specifics

- VSP provides up to \$105 toward a new frame. If the member chooses a frame exceeding this allowance, he/she will receive a 20% discount off the excess amount
- **Members pay a \$10 annual deductible on exams and \$25 annual deductible on materials**
- Information about medically necessary contacts is in “our fine print”
- Frequency for Exam-Lenses-Frame is 12-12-24 months
- With the 12-12-24 frequency: Contacts are in lieu of eye glasses and normal frequency rules apply, selecting contacts does not reset the frame frequency, contacts and frame frequencies work independently
- This quote is not valid for groups situated in New York

Plan Requirements

- Employer funding is not required. If no employer money is involved, it is assumed the eye care plan will be sold in conjunction with a bonafide cafeteria plan regulated by Section 125 of the Internal Revenue code, and it must meet all Section 125 requirements.
- The rates and benefits quoted are based on a minimum of 10 enrolled employees. The “500+ enrolled” rates are based on a minimum of 500 enrolled employees. All rates and benefits quoted are not valid if the final enrollment is below that minimum threshold.
- No benefits are payable for a service which is not listed under the list of eye care services found in the certificate.
- Benefits available for all full-time, active employees working at least 30 hours per week who have completed the designated waiting period.
- This form highlights the eye care coverage available through Ameritas Life Insurance Corp. Please refer to the Certificate of Insurance for a complete list of covered procedures.

our fine print

- This quote is not valid for groups situated in New York. Please check for availability in your state.
- Covered Expenses will not include, and no benefits will be payable for, expenses incurred for:
 1. vision examinations more than once in any twelve-month period.
 2. lenses more than once in any twelve-month period, and then only if replacement is deemed necessary by the provider.
 3. frames more than once in any twenty-four month period, and then only if replacement is deemed necessary by the provider.
 4. contact lenses more than once in any twelve-month period. When chosen, contact lenses shall be in lieu of any other lens or frame benefit during the twelve-month period. When lenses and frames are chosen, expenses for contact lenses are not covered expenses during the twelve-month period.
 5. medically necessary contact lenses, except for the first \$105 of expense, when such lenses are purchased for any reason other than for the following conditions:
 - a. following cataract surgery
 - b. to correct extreme visual problems that cannot be corrected with spectacle lenses
 - c. certain conditions of anisometropia
 - d. keratoconusMedically necessary contact lenses are limited to the plan allowance (100% covered in-network, \$210 out-of-network). Such payment is limited to once in any twelve-month period and is in lieu of lenses and frame benefits under this policy.
 6. orthoptics or eye care training and any associated testing.
 7. plano lenses.
 8. two pairs of glasses in lieu of bifocals.
 9. lenses and frames which are lost or broken, except at the normal intervals when services are otherwise available.
 10. medical or surgical treatment of the eyes.
 11. services for which a claim is filed more than 180 days after completion of the service.
 12. the following materials, over and above the covered expense for the basic material. These materials are cosmetic and the insured will be responsible for the cost of these materials.
 - a. blended lenses
 - b. oversize lenses
 - c. photo chromatic lenses; tinted lenses except pink #1 and #2
 13. progressive multi-focal lenses
 14. the coating of the lens or lenses
 15. the laminating of the lens or lenses
 16. frames exceeding the maximum allowance selected by the policyholder.

Ameritas Group, a division of Ameritas Life Insurance Corp. (Ameritas Life), a UNIFI Company, offers group dental and eye care products nationwide. Certain plan designs may not be available in all areas. In Arizona, exclusions and limitations must accompany plan highlights. Some states require that producers be appointed with Ameritas Group before soliciting its products. To become appointed with Ameritas Group, call 800.659.2223. Ameritas Group's dental and eye care products (9000 Ed. 01-05) are issued by Ameritas Life. ©2007 Ameritas Life Insurance Corp. Ameritas, the bison symbol, Focus and EyeChoice are registered service marks of Ameritas Life. **October 2007**