Employee Vision Benefits

Hy-Vee ViewPointe Plan

When it comes to healthcare costs, people don't like surprises. Without insurance, the total cost of an eye exam and glasses can be several hundred dollars. Ameritas vision benefits outline the amount covered for services and materials, so costs are more predictable. With Ameritas vision benefits, it's easy to see the value.

EyeMed network

EyeMed offers one of the largest vision networks in the nation with a mix of independent providers and retail chains. Members will find 100 frames priced \$130 or lower at every location. Many EyeMed providers offer cutting-edge lens simulators, virtual frame side-by-side comparisons and some even have on-site labs for same-day glasses. Retail chains include:







Browse and buy eyewear online with network benefits. Vision benefits are applied directly to online orders at lenscrafters.com, targetoptical.com,rayban.com, oakley.com, glasses.com and contactsdirect.com.

Search eyemed.com to find network providers.

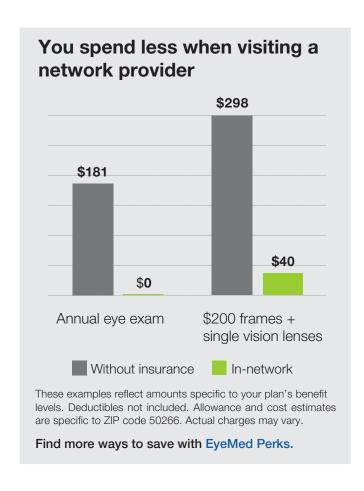
Can I use my benefits if I visit a provider outside of the network? Yes, if you visit an out-of-network
provider, you pay them the full balance and submit a claim
with your itemized receipt for reimbursement based on
your out-of-network plan benefits. Greater benefits are
available with network providers, and they submit the claim
for you.

Can I get glasses and contacts in the same year?

Yes. With EyeMed network plans, benefits for frames and contact/eyeglass lenses are separate. If you use your lens benefits to purchase contacts, you are still able to use your frame allowance toward new glasses during the same benefit year. In this case, the eyeglass lenses to go in your new frames would be an out-of-pocket expense.



Save more with Ameritas. Ameritas offers money-saving discounts to help with hearing, prescription and eyewear expenses. These savings arrangements are not insurance and are available to Ameritas plan members at no additional cost to the plan premium. Access savings cards through your secure account at ameritas.com.



Here to help

Contact EyeMed for benefit, claims or network questions. 866-289-0614

Contact Ameritas for billing, administration, ID card or network questions.

group@ameritas.com 800-487-5553

Manage your vision benefits anytime by downloading the EyeMed Members App from the Apple or Google app stores.



Vision plan benefits	EyeMed Access network	Out-of-network
Benefit frequencies Exam Eyeglass lenses or contacts Frames	Every 12 months based on date of service Every 12 months based on date of service Every 24 months based on date of service	
Deductible The amount you pay before benefits apply, per person per calendar year	\$15 exam, \$10 eyeglass lenses	No deductible
Annual eye exam (with dilation as necessary)	100%	Up to \$45
Lenses Single vision Bifocal Trifocal Lenticular Standard progressive Premium progressive	100% 100% 100% 100% Member cost \$75 20% off retail price -\$120 allowance +\$75*	Up to \$45 Up to \$65 Up to \$85 Up to \$85 Up to \$47 Up to \$47
Frames	\$150, 20% off balance over \$150	Up to \$75
Elective contacts Medically necessary contacts Standard fit & follow-up exam Premium fit & follow-up exam	Up to \$150 100% Member cost up to \$55 10% off retail	Up to \$120 Up to \$210 No coverage No coverage

^{*} Premium progressive example: \$400 retail, minus \$80 (20% discount), minus \$120 allowance, plus \$75 standard progressive cost = \$275 member cost.

The EyeMed network provides additional savings on eyewear and laser vision correction.				
Additional prescription glasses	40% off			
Non-prescription sunglasses	20% off			
Additional savings	20% off non-covered materials, excluding lens upgrades			
LASIK or PRK laser vision correction	15% average off retail, 5% off promotional price at EyeMed contracted facilities			
Retinal screening	Member cost \$39 or less			
Lens options and coatings	When you visit a network provider, you'll get discounts on a variety of lens options. See member costs below.			
Std. polycarbonate (impact-resistant)	\$0	Up to \$5		
Tints & dyes (except pink I & II)	\$15	No benefit		
Scratch-resistant	\$0	Up to \$5		
Anti-reflective (anti-glare)	\$45	No benefit		
Ultraviolet	\$0	Up to \$5		

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

Weekly Premiums	Vision Plan
Employee only	\$1.96
Employee + 1 dependent	\$2.90
Employee + 2 dependents	\$5.22