

Vision Perfect® Plan Summary

Deductibles	\$10 Calendar Year Exam, Eye Glass Lenses or Frames*
Maximum Calendar Year	None
Annual Eye Exam	Up to \$55
Lenses (per pair)	
Single Vision	Up to \$35
Bifocal	Up to \$50
Trifocal	Up to \$65
Lenticular	Up to \$70
Progressive	Up to \$70
Contacts	
Elective/Medically Necessary	Up to \$85
Frames	\$50
Frequencies (months)	
Exam/Lens/Frame	12/12/12
	Based on date of service

*Deductible applies to the first service received

Monthly Rates

Employee Only (EE)	\$8.00
EE + 1 Dependent	\$12.00
EE + 2 or more Dependents	\$16.00

EyeMed Discount Overlay (This is not insurance but can be added to a Vision Perfect plan for discounts through the EyeMed network).

Exam	\$5 off routine exam \$10 off contact lens exam	LASIK or PRK
with dilation as necessary		Average discount of 15% off retail price, or 5% off promotional price through U.S. Laser Network.
Standard Plastic Lenses		LIMITATIONS AND EXCLUSIONS
Single Vision	\$50	Also known as a discount overlay, these EyeMed Access Network provider discounts are only available to groups who have a specific schedule/defined benefit eye care plan in place.
Bifocal	\$70	The discount program may not be combined with any other discounts or promotional offers. Retail prices may vary by location.
Trifocal	\$105	Discounts are not available for the following procedures, material or services.
Frame	35% off retail price with a complete pair of glasses (Items purchased separately - 20% off retail price) \$65 + Standard Plastic Lens cost	<ul style="list-style-type: none"> • Orthoptic or vision training, subnormal vision aids, and any associated supplement testing. • Medical and/or surgical treatment of the eye, eyes, or supporting structures. • Corrective eye wear required by an employer as a condition of employment, and safety eye wear unless specifically covered under the plan. • Services provided as a result of any Worker's Compensation law. • Plano non-prescription lenses and non-prescription sunglasses (except for 20% discount). • EyeMed's providers' professional services or disposable contact lenses. • Two pairs of glasses in lieu of bifocal.
Standard Progressive Lenses		
Premium Progressive Lenses	20% discount	
Standard Polycarbonate Tint (Solid & Gradient)	\$40	
Scratch Resistant Coating	\$15	
Anti-Reflective Coating	\$15	
Ultraviolet Coating	\$45	
Other Add-Ons	\$15	
Contact Lenses	20% discount	
Conventional	15% off retail price (does not apply to fitting). After initial purchase, replacements by mail are offered at substantial savings via eyemedvisioncare.com.	



Ameritas Information

We're Here to Help

This plan was designed specifically for the associates of **Bland ISD**. At Ameritas Group, we do more than provide coverage - we make sure there's always a friendly voice to explain your benefits, listen to your concerns, and answer your questions. Our customer relations associates will be pleased to assist you 7 a.m. to midnight (Central Time) Monday through Thursday, and 7 a.m. to 6:30 p.m. on Friday. You can speak to them by calling toll-free: 800-487-5553. For plan information any time, access our automated voice response system or go online to ameritasgroup.com/member. To receive information about locations of EyeMed Vision Care providers, call EyeMed toll-free at 866-559-5252.

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.

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.