

## Basic Plan Summary

Effective Date: 1/1/2018

	EyeMed Access Network	Out of Network
Deductibles	\$10 Exam	No deductible
Annual Eye Exam	Covered in Full	Up to \$35
Frequencies (months) Exam/Lens/Frame	12 months Based on date of service	12 months Based on date of service

## In-Network Discounts

Vision Services	Service Detail	Member Cost
<i>The following lenses, frame and lens options discounts and fees apply only if a complete pair of glasses is purchased.</i>		
Standard Plastic Lenses	Single Vision	\$50
	Bifocal	\$70
	Trifocal	\$105
Frame	Available at provider location	35% off retail price
Lens Options	Standard Progressive	\$65 plus standard plastic lens cost
	Premium Progressive	20% discount
	Standard Polycarbonate	\$40
	Tint (solid or gradient)	\$15
	Scratch-Resistant Coating	\$15
	Anti-Reflective Coating	\$45
	Ultraviolet Coating	\$15
	Other Add-ons	20% discount
<i>Items purchased separately will be discounted 20% off the retail price.</i>		
Contact Lenses	Conventional	15% off retail price
<i>Does not include disposables. Discount applies to materials only (it does not apply to fitting). After initial purchase, replacement contacts by mail are offered at substantial savings online through <a href="http://eyemedvisioncare.com">eyemedvisioncare.com</a>.</i>		
Laser Vision	Correction LASIK or PRK For a nearby location and discount authorization, call 1-877-5LASER6.	15% off retail price or 5% off promotional price

## Monthly Rates

### Basic Plan

Employee Only (EE)	\$3.06
EE + Spouse	\$6.06
EE + Children	\$6.00
EE + Spouse & Children	\$9.00

## 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: [ameritas.com](http://ameritas.com)

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

# PCA RETIREMENT & BENEFITS, INC.

Eye Care Highlight Sheet



## Enhanced and Voluntary Plans

Effective Date: 1/1/2018

	EyeMed Access Network	Out of Network
<b>Deductibles</b>		
	\$10 Exam	No deductible
	\$25 Eye Glass Lenses	
	Covered in full	Up to \$35
<b>Annual Eye Exam</b>		
<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>		
<b>Standard</b>	Standard: Member cost up to \$55	No benefit
<b>Premium (Allowance)</b>	Premium: 10% off of retail	No benefit
<b>Elective</b>	Up to \$150	Up to \$120
<b>Medically Necessary</b>	Covered in full	Up to \$200
<b>Frames</b>	\$150	Up to \$75
<b>Frequencies (months)</b>		
<b>Exam/Lens/Frame</b>	12/12/24	12/12/24
	Based on date of service	Based on date of service

## Lens Options (member cost)

	EyeMed Access Network	Out of Network
<b>Progressive Lenses</b>		No benefit
<b>Standard</b>	Standard: \$90	
<b>Premium</b>	Premium: lens cost - 20% discount - \$30 allowance	
<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

## Monthly Rates

## Enhanced and Voluntary Plans

<b>Employee Only (EE)</b>	\$13.62
<b>EE + Spouse</b>	\$23.82
<b>EE + Children</b>	\$25.86
<b>EE + Spouse &amp; Children</b>	\$39.48

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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.

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.