Ameritas Vision Plan Options

Exclusively for H.I.H.I.T members and their employees

Vision Perfect® Flat Max (Plans 1, 5, 9 & 10)

Vision benefits that are straightforward and easy to understand, so you know exactly what is covered.

There is no network. You have the freedom to select any vision provider you choose. Then simply pay your provider and submit a claim. Ameritas will reimburse you up to your set annual dollar amount of $200.

Take advantage of promotions. You can use your benefits in conjunction with promotions, coupons and special offers from your provider. Ameritas will reimburse you for all covered vision expenses up to your set annual vision dollar amount—even if you take advantage of "buy one get one free" offers.

You can save up to 15% off eyewear frames and lenses purchased at any Walmart Vision Center by using the savings card available via your Ameritas secure member account.

There are no frequency limitations. You have a flat amount of $200 to use for eligible exams, lenses and frames collectively.

All contact lenses containing a prescription, including disposables, are reimbursable up to your set annual vision dollar amount.

Eyeglasses lens options such as ultra-violet coating, scratch-resistant coating and tinting are not reimbursable under this Vision Perfect plan.

Save your receipts and submit a claim. Ask your optical provider to complete Ameritas Vision Claim Form GS325 (available at ameritas.com). Submit the form, along with a copy of an itemized bill from your provider, to Ameritas for reimbursement. Claims must filed within 90 days after completion of the service (or longer than 90 days in certain states).

For questions or to enroll call 877-892-9203.

What the plan pays	Vision Perfect Plan (Plans 1 & 5) No Network	Vision Perfect Plan (Plans 9 & 10) No Network
Annual Exam Deductible Single Vision Lenses Bifocal Lenses Trifocal Lenses Lenticular Lenses Progressive Lenses Frames Contacts (standard) fit & follow up exam Contacts (elective) Contacts (medically necessary)	Your $200 annual maximum can be used for eligible exams, lenses and frames collectively without any benefit frequency limitations. There's no network, select the provider of your choice and take advantage of any special offers or promotions. Pay the provider and submit a claim. Ameritas will reimburse you up to $200.	Your $200 annual maximum can be used for materials only (lenses and frames) collectively without any benefit frequency limitations. There's no network, select the provider of your choice and take advantage of any special offers or promotions. Pay the provider and submit a claim. Ameritas will reimburse you up to $200.

Voluntary Plan monthly rates (Plans 5 & 10) –effective 1/1/2018

Employee pays the full cost of coverage. Employee participation requirements: minimum 3 lives.	Plan 5	Plan 10
Employee Only	$7.92	$6.43
Employee & Spouse	$15.70	$12.73
Employee & Children	$13.50	$10.93
Employee, Spouse & Children	$21.28	$17.23

Contributory Plan monthly rates (Plans 1 & 9) – effective 1/1/2018

Employer and employees share the cost of coverage. Employee participation requirements: 60% minimum participation	Plan 1	Plan 9
Employee Only	$5.49	$4.50
Employee & Spouse	$12.73	$10.39
Employee & Children	$10.66	$8.73
Employee, Spouse & Children	$17.91	$14.62

This brochure highlights the vision coverage available through Ameritas Life Insurance Corp. It is not a certificate of insurance and does not include exclusions and limitations or a complete list of covered procedures. For exclusions and limitations, or a complete list of covered procedures, contact your benefits administrator.

H.I.H.I.T. Hospitality Industry Health Insurance Trust

Ameritas fulfilling life.

GR 6702 11-17

Hospitality Industry Health Insurance Trust 2018 Vision Plans

What the plan pays	ViewPointe® EyeMed Materials (Plans 2 & 6)		ViewPointe® EyeMed Plan (Plans 3 & 7)		Focus® VSP Plan (Plans 4 & 8)	
	In-network	Out-of-Network	In-network	Out-of-Network	In-network	Out-of-Network
Annual Exam	No benefit	No benefit	Covered in full after $10 deductible	up to $35	Covered in full after $10 deductible	up to $45 after $10 deductible
Benefit Frequencies	You get contact lens OR eyeglass lenses every 12 months and a frame every 12 months, based on your date of service.		You get an exam every 12 months (N/A for materials only plan), contact lenses OR eyeglass lenses every 12 months and a frame every 24 months, based on your date of service.			
Deductible	none	none	$25 on eyeglass lens	none	$25 on a complete pair of glasses or a frame, whichever is selected	
Single Vision Lenses	Covered in full	up to $25	Covered in full	up to $25	Covered in full	up to $30
Bifocal Lenses	Covered in full	up to $40	Covered in full	up to $40	Covered in full	up to $50
Trifocal Lenses	Covered in full	up to $55	Covered in full	up to $55	Covered in full	up to $65
Lenticular Lenses	20% discount	No benefit	20% discount	No benefit	Covered in full	up to $100
Progressive Lenses	Standard: $65 + $25 lens deductible; Premium: lens cost - 20% discount - $120 allowance + standard progressive cost	No benefit	Standard: $65 + $25 lens deductible; Premium: lens cost - 20% discount - $120 allowance + standard progressive cost	No benefit	Up to provider's contracted fee for lined bifocal lenses. You are responsible for the difference between the base lens and the progressive charge.	No benefit
Frames	up to $130	up to $65	up to $130	up to $65	up to $130 (at Costco your allowance will be the wholesale equivalent)	up to $70
Contacts (standard) fit & follow up exam	No benefit	No benefit	Your cost is up to $55	No benefit	15% discount, see plan summary for details	No benefit
Contacts (elective)	up to $130	up to $104	up to $130	up to $104	up to $130	up to $105
Contacts (medically necessary)	Covered in full	up to $200	Covered in full	up to $200	Covered in full	up to $210
Your discounted lens option cost (may vary by prescription, option chosen and retail location.)						
Standard Polycarbonate	$40	No discount	$40	No discount	100% children/ $33 adults	No discount
Solid Plastic Dye (except Pink I & II)	No discount		No discount		$15	
Plastic Gradient Dye					$17	
Photochromatic Lenses (glass & plastic)					$31-$82	
Scratch Resistant Coating	$15		$15		$17-$33	
Anti-Reflective Coating	$45		$45		$43-$85	
Tint (Solid & Gradient)	$15		$15		No discount	
Ultraviolet Coating	$15		$15		$16	

Voluntary Plans monthly rates – effective 1/1/2018

Employee pays the full cost of coverage. Employee participation requirements: minimum 3 lives.

	Plan 6	Plan 7	Plan 8
Employee Only	$6.43	$9.36	$9.76
Employee & Spouse	$12.73	$17.91	$18.67
Employee & Children	$10.93	$15.21	$15.57
Employee, Spouse & Children	$17.23	$23.76	$24.48

Contributory Plans monthly rates – effective 1/1/2018

Employer and employees share the cost of coverage. Employee participation requirements: all eligible employees.

	Plan 2	Plan 3	Plan 4
Employee Only	$4.50	$6.84	$7.20
Employee & Spouse	$10.39	$14.35	$15.07
Employee & Children	$8.73	$11.97	$12.33
Employee, Spouse & Children	$14.62	$19.48	$20.20

Extra discounts on the latest designer frames, an in-network online store and exclusive member extras that save you money on eyewear and much more.

ViewPointe® (Plans 3 & 7)

EyeMed Access Network.

- More than 94,000 access points, including more than 21,000 doctor locations and 6,000 retail locations

LensCrafters, Pearle Vision, sears OPTICAL, OPTICAL, jcp optical

- EyeMed providers are open an average of 10 evening hours and 12 weekend hours each week
- Nearly 100 frames priced $130 or lower at every location

Online network options: ContactsDirect.com and Glasses.com are both in network. At checkout, each site applies the plan benefit then shows the remaining cost.

Cutting-edge technology. Many EyeMed providers offer digital eye exams and fittings for more precise measurements, plus frame and lens simulators to help you make the best decision on eyewear. Some locations can even have your glasses ready the same day.

additional EyeMed savings

- **20%** off remaining frame balance
- **40%** off non-covered complete prescription glasses
- Special pricing on lens upgrades such as UV coating & polycarbonate lenses & 20% off non-covered materials
- **15% average off** retail price for LASIK or PRK laser vision correction, or 5% off promotional price, at U.S Laser Network locations

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

Non-prescription sunglasses. EyeMed sends members a Sun Perks certificate to save up to $50 off premium, non-prescription sunglasses at sunglasshut.com or any participating Sunglass Hut store. Get your certificate at https://www.eyemedvisioncare.com/sunperks.

Laser vision surgery. Free LASIK exam and special member per-eye prices of $695-$1,395 for LASIK and $1,895 for custom LASIK, when using a LasikPlus featured provider.

EyeMed app. Access your vision benefits in one tap, view your ID card with just a quick shake of your phone and find a provider in under 10 seconds—all while on the go.

Focus® (Plans 4 & 8)

VSP Choice Network.

- One of the largest vision networks with more than 78,000 access points, including 37,000 doctors and 5,000 retail locations.

Costco Wholesale, Pearle Vision, Visionworks, Walmart, Sam's Club

- Out-of-network benefits used at Walmart and Sam's Club are applied and handled without claim forms.
- 91% of VSP doctors offer morning, evening or weekend hours

Online in-network options: Eyeconic.com is VSP's in-network online eyewear store. Vision benefits are applied directly to the online order.

Additional frame allowance. When you select a frame from one of the 34 featured frame brands, you'll get an extra $20 to spend, on top of your plan frame allowance.

additional VSP savings

- **20% off** remaining frame balance
- **20% off** non-covered complete prescription glasses
- **20-25% off** non-covered lens options such as UV coating & polycarbonate lenses
- **15% average off** retail for LASIK or PRK laser eye correction, or **5% off** promotional price, through a VSP provider

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

Non-prescription sunglasses. Ask your VSP doctor about possibly using your VSP frame benefit for non-prescription sunglasses.

Exclusive member extras. Members can take advantage of more than $2,500 in special offers leading from industry brands such as Nike and Sharper Image at VSP.com.

Laser vision surgery. Your maximum out-of-pocket per eye is $1,800 for LASIK, $2,300 for custom LASIK using Wavefront technology, and $1,500 for PRK. In order to receive the benefit, a VSP provider must coordinate the procedure.

For questions or to enroll call 877-892-9203.

Eye Care Limitations/Exclusions

Covered Expenses will not include and no benefits will be payable for expenses incurred for:

Limitations for Plan(s) 1, 2, 3, 5, 6, 7, 9, 10

- lenses more than the frequency as indicated on the plan summary page.
- frames more than the frequency as indicated on the plan summary page.

Limitations for Plan(s) 1, 5, 9, 10

- examinations performed or frames or lenses ordered before the member was covered under the eye care expense benefits.
- subject to extension of benefits, any examination performed or frame or lens ordered after the member's coverage under the eye care expense benefits ceases.
- sub-normal eye care aids; orthoptic or eye care training or any associated testing.
- non-prescription lenses.
- replacement or repair of lost or broken lenses or frames except at normal intervals.
- any eye examination or corrective eyewear required by an employer as a condition of employment.
- medical or surgical treatment of the eyes.
- any service or supply not shown on the Schedule of Eye Care Procedures.
- coated lenses; oversize lenses (exceeding 71 mm); photo-gray lenses; polished edges; UV-400 coating and facets, and tints other than solid.

Limitations for Plan(s) 1, 3, 5, 7

- vision examinations more than the frequency as indicated on the plan summary page.

Limitations for Plan(s) 2, 6, 9, 10

- vision examinations.

Limitations for Plan(s) 2, 3, 6, 7

- contact lenses more than once in any twelve month period. When chosen, contact lenses shall be in lieu of any other lens benefit during the twelve month period. When eyeglass lenses are chosen, expenses for contact lenses are not Covered Expenses during the twelve month period.
- contacts limited to the amount shown on the plan summary page unless they are medically necessary. Contact lenses are defined as medically necessary if the individual is diagnosed with one of the following conditions:
- keratoconus where the patient is not correctable to 20/30 in either or both eyes using standard spectacle lenses.
- high Ametropia exceeding -12 D or +9 D in spherical equivalent.
- anisometropia of 3 D or more.
- patients whose vision can be corrected two (2) lines of improvement on the visual acuity chart when compared to best corrected standard spectacle lenses.

If the member is diagnosed with a medically necessary condition, the Provider will submit a request for pre-authorization to EyeMed. The Medical Director reviews all requests for medically necessary contact lenses. If approved, the member will be covered for medically necessary contact lenses up to the plan allowance.

Such payment is limited to once in any twelve month period and is in lieu of lens benefits under this proposal.

- orthoptics or eye care training and any associated testing.
- plano non-prescription lenses and non-prescription sunglasses (except for 20% discount).
- two pairs of glasses in lieu of bifocals. (Does not apply to Secondary Discounts).
- lenses and frames which are lost or broken, except at the normal intervals when services are otherwise available.
- medical and/or surgical treatment of the eye, eyes, or supporting structures.
- services for which a claim is filed more than 1 year after completion of the service.
- for any procedure not listed on the Schedule of Eye Care Services.

This plan has the following limitation: (Plan 4, 8)

Some brands of spectacle frames may be unavailable at all locations for purchase as Covered Expenses, or may be subject to additional out-of-pocket expenses. Members may obtain details regarding frame brand availability from their treating provider or by calling VSP's Customer Care Division at (800) 877-7195.

This plan does not cover: (Plan 4, 8)

- More than one eye exam in the frequency as indicated on the plan summary page.
- More than one pair of lenses in the frequency as indicated on the plan summary page.
- More than one set of frames in the frequency as indicated on the plan summary page.
- Services and/or materials not specifically included in the Schedule as covered Plan Benefits.
- Plano lenses (lenses with refractive correction of less than plus or minus .50 diopter) except as specifically allowed in the frames benefit section of the Plan Benefits.
- Services or materials that are cosmetic, including Plano contact lenses to change eye color and artistically painted Contact Lenses.
- Two pairs of glasses in lieu of Bifocals.
- Replacement of Spectacle Lenses, Frames, and/or contact lenses furnished under this plan that are lost or damaged, except at the normal intervals when services are otherwise available.
- Orthoptics or vision training and any associated supplemental testing.
- Medical or surgical treatment of the eyes.
- Contact lens modification, polishing or cleaning.
- The refitting of Contact Lenses after the initial 90-day filing period.
- Contact Lens insurance policies or service contracts.
- Additional office visits associated with contact lens pathology.
- Local, state and/or federal taxes, except where law requires us to pay.
- Membership fees for any retail center in which an Affiliate or Open Access provider office may be located. Covered persons may be required to purchase a membership in such entities as a condition of accessing Plan Benefits.

H.I.H.I.T. Hospitality Industry Health Insurance Trust

Ameritas fulfilling life.