

Enjoy the purchasing power of a large group by accessing your vision benefits through H.I.H.I.T



These plans are specifically designed for hospitality industry businesses with 3+ enrolled employees. Compare the plan details to find the one that suits your needs.

ViewPointe® plans feature the EyeMed Network, which includes 5 of the top 6 national retail chains. You have two plans to choose from. One is a comprehensive plan, the other offers materials only coverage.

- The EyeMed Network has more than 98,000 providers nationwide and consists of 42% retail chains - including JCPenny Optical, LensCrafters, Pearle Vision, Target Optical and Sears Optical.
- EyeMed providers are open an average of 10 evening and 12 weekend hours each week.
- Members can buy eyewear online at glasses.com and Contacts Direct using their in-network benefits.
- EyeMed offers 15-40% discounts on eyewear after benefit allowances and 20% off non-prescription sunglasses.
- LASIK services are 15% off the retail price, or 5% off the promotional price, for LASIK or PRK with U.S. Laser Network owned by LCA-Vision.

The **Focus®** plan offers the VSP Network, featuring the nation's largest network of independent doctors. There is one comprehensive plan for your consideration.

- VSP has more than 70,000 access points and is accepted by more than 23,000 doctors nationwide as well as 8,000 retail chains - including Costco Optical, Visionworks, Pearle Vision, and Shopko Eyecare Centers.
- 91% of VSP doctors offer early morning, evening or weekend hours
- Members can buy eyewear online at eyeconic.com using their in-network benefits
- VSP offers 20-25% discounts on eyewear after benefit allowances and an extra \$20 to spend on featured frame brands.
- LASIK services are an average of 15% off the usual and customary price, or 5% off the promotional price, for LASIK or PRK through VSP and a contracted laser surgery center.

Vision Perfect® plans are easy to understand reimbursement plans that are not tied to any network. You have two plans to choose from. One includes an eye exam benefit, the other offers materials only coverage.

- There are no network or benefit frequency limitations, no deductibles and no copays. Members have a flat amount of \$200 to use for eligible vision expenses at any eyecare provider.
- Members save up to 15% off eyewear at Walmart Vision Centers by using the savings card available via in their Ameritas secure member account.
- Benefits can be used in conjunction with promotions, coupons and special offers, even for "buy one get one free" deals.
- Members will pay the provider, ask them to complete Ameritas Vision Claim Form GS325 (available at ameritas.com), and then submit the form along with an itemized bill. They will be reimbursed for covered vision expenses up to \$200.



Members have the freedom to visit any vision provider. However, ViewPointe and Focus plan benefit dollars go further when visiting a network provider, and the provider submits the claim for you.



All of these plans are available as contributory or voluntary. With contributory plans, the employer and employee share the cost of coverage. For voluntary plans, the employee pays the full cost of coverage.

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



Hospitality Industry Health Insurance Trust

2019 Vision Plans

Benefit Summary	ViewPointe EyeMed materials only	ViewPointe EyeMed	Focus VSP	Vision Perfect	Vision Perfect materials only
	In-network/Out	In-network/Out	In-network/Out	No Network	No Network
Benefit frequencies	contacts or eyeglass lenses and frame every 12 months	exam every 12 months, contacts or eyeglass lenses every 12 months, frame every 24 months		N/A	N/A
Annual deductible	none	\$10 exam, \$25 lenses / none	\$10 exam, \$25 materials	none	none
Annual eye exam	No benefit, materials only coverage	100% / up to \$35	100% / up to \$45	Members will be reimbursed up to \$200 for eligible vision expenses including exams, eyeglasses and contacts.	No benefit, materials only coverage
Single vision lenses	100% / up to \$25		100% / up to \$30		Members will be reimbursed up to \$200 for eligible vision materials including eyeglasses and contacts.
Bifocal lenses	100% / up to \$40		100% / up to \$50		
Trifocal lenses	100% / up to \$55		100% / up to \$65		
Lenticular lenses	20% discount / no benefit		100% / up to \$100		
Frames	\$130 / \$65		\$130 / \$70		
Contacts elective	\$130 / \$104		\$130 / \$105		
Contacts medically necessary	100% / \$200		100% / \$210		
Contact fit & follow up exam	No benefit, materials only coverage	Member cost up to \$55 / no benefit	15% discount / no benefit		No benefit, materials only coverage

Member in-network discounted lens option cost (may vary by prescription, option chosen and retail location.)

Std. Polycarbonate	\$40	100% children/ \$33 adults	no discounts eyeglass lens options such as coating are not reimbursable under this plan
Scratch Resistant	\$15	\$17-\$33	
Anti-reflective C	\$45	\$43-\$85	
Ultraviolet	\$15	\$16	
Tint	\$15	\$15-\$17	

Contributory Plan Monthly Rates - effective 1/1/2019 - employer and employee share the cost of coverage

Employee participation requirements: minimum 3 lives.

	Plan 2	Plan 3	Plan 4	Plan 1	Plan 9
Employee only	\$3.96	\$6.08	\$6.41	\$4.85	\$3.96
Employee + children	\$7.80	\$10.74	\$11.07	\$9.55	\$7.80
Employee + spouse	\$9.31	\$12.90	\$13.55	\$11.43	\$9.31
Employee + family	\$13.14	\$17.55	\$18.21	\$16.12	\$13.14

Voluntary Plan Monthly Rates - effective 1/1/2019 - employee pays the full cost of coverage

Employee participation requirements: ViewPointe & Focus plans all eligible employees, Vision Perfect minimum 60%

	Plan 6	Plan 7	Plan 8	Plan 5	Plan 10
Employee only	\$5.71	\$8.37	\$8.73	\$7.06	\$5.71
Employee + children	\$9.80	\$13.67	\$14.00	\$12.12	\$9.80
Employee + spouse	\$11.43	\$16.12	\$16.81	\$14.13	\$11.43
Employee + family	\$15.51	\$21.43	\$22.09	\$19.18	\$15.51

Frequently asked questions about VSP and EyeMed vision plans

Why are we being offered two plans with similar benefits?

While it's true that the benefits are very similar, the networks differ somewhat depending on your area. VSP tends to have more private practice providers while EyeMed has more participating retail chains.

What is Ameritas' relationship with VSP and EyeMed?

VSP and EyeMed are the two largest vision care companies in the world. They have relied on Ameritas as a trusted partner for decades. Ameritas handles vision plan administration and underwriting. VSP and EyeMed provide customer service and manage the provider networks.

Am I able to use the plan at providers outside of the network?

You are able to use any vision provider you choose. The difference between the out-of-network benefit and the provider's charges will be your out of pocket.

May I use Walmart, Sam's Club and Costco?

For VSP, these retailers will handle filing the claim, but your out-of-network benefit allowances will apply. The out-of-network allowances still go a long way due to the lower overall price points of these retailers. These locations are not in-network for EyeMed.

Can I shop online for my vision correction?

There are online options for shopping for eye glasses or contacts, after you have had your vision examination and have your prescription. Both VSP and EyeMed have online in-network options - which means you won't have to pay the full price now, then wait to be reimbursed later. Your vision benefits will be applied directly to your online order.

How do I use my VSP or EyeMed vision benefits?

1. To find an EyeMed provider go to eyemed.com, or call 866-289-0614, for VSP go to vsp.com, or call 800-877-7195.
2. Schedule an appointment with the vision care provider of your choice. Be sure to confirm they are an EyeMed or VSP network provider, depending on your chosen plan.
3. If you are visiting a network provider*, simply tell them you are an EyeMed (or VSP) member. No ID card is necessary, but you are able to print one at eyemed.com or vsp.com.
4. That's it. The provider will handle the rest, and even submit your claim for you.

* For out-of-network providers you may need to pay the provider, get an itemized receipt and submit it along with a claim form for reimbursement. The form is located at ameritas.com/vision, Forms, Claim Forms.

What is the eye exam benefit?

The plans cover an eye exam once every calendar year (N/A for materials only plan). It is paid in full if you use a network provider. The benefit summary on page 2 shows the out-of-network benefit and whether or not there is an eye exam deductible.

Note: 12 months must elapse before you will be eligible for your next exam based on the date of service of your initial eye exam. The 12-month frequency is based on the month, not the day. For example, if you have your examination on October 12, your next examination is available as of October 1 of the next year.

Is there a separate charge for contact exams?

Yes, most providers charge a separate fee for a contact fit and follow-up exam. The plans limits your cost, although it could be less (N/A for materials only plan). This charge is deducted from your contact allowance and the remainder can be used to buy your contact supply.

What are medically necessary contact lenses?

Medically necessary contact lenses are for people who are not able to wear glasses to correct their vision, usually because the contact acts as a brace to correct or retain the shape of the eye. For 95% of the population, they are electing to wear contacts over glasses and the elective contact benefit will apply.

Can I get glasses and contacts in the same year?

No, your benefit can be applied to contacts OR glasses during the benefit year. In other words, you will not receive an allowance for contacts if you already chose to apply your vision benefits to a new pair of lenses and/or frames during the same benefit year. The benefit summaries on pages 5 and 7 show the exam-lens-frame frequencies - meaning the timeframe in which your benefit allowances are renewed.

Are there any discounts available for LASIK surgery?

Yes, members may receive a 15% discount off the retail price of LASIK surgery or 5% off the promotional price.

Are optional lens coatings covered?

Lens options are not covered by these plans. By using a network provider, you will receive discounted prices on a variety of lens coatings such as ultraviolet, scratch resistant, antireflective, tinting and polycarbonate (featherweight) materials. The benefit summary on page 2 shows how the plan limits what the network providers can charge you for some of these options.

Note: These add-ons can be expensive, and you should be aware of what is being added to your glasses.

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.

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



This document is a highlight of plan benefits provided by Ameritas Life Insurance Corp. as selected by your employer. Plan designs may not be available in all areas and are subject to individual state regulations. It is not a certificate of insurance or guarantee of coverage. For a complete list of covered procedures and exclusions and limitations, contact your benefits administrator. This information is provided by Ameritas Life Insurance Corp. (Ameritas Life). Group dental, vision and hearing care products (9000 Rev. 03-16, dates may vary by state) and individual dental and vision products (Indiv. 9000 Rev. 07-16) are issued by Ameritas Life.

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