H.I.H.I.T. TRUST

Policy #: 010-350797



Vision Plan Benefits

	EyeMed Access Network	Out-of-Network			
Single Vision Lenses	Covered in full	Up to \$25			
Bifocal Lenses	Covered in full Up to \$40				
Trifocal Lenses	Covered in full Up to \$55				
Lenticular Lenses	20% discount No benefit				
Progressive Lenses	See lens options NA				
Frames	\$130	\$65			
Contact Fit & Follow up Exam	Standard: Member Cost up to \$55 No benefit Premium: 10% off of retail				
Contacts (elective)	Up to \$130	Up to \$104			
Contacts (medically necessary)	Covered in full Up to \$ 200				
Deductible					
Annual (applies to first service received)	\$0	\$0			
Eyeglass Lenses or Frames	\$0	\$0			
Benefit Frequencies (months)	Based on Date of Service				
Exam/Lens/Frame	0/12/12				

Member cost for lens options (may vary by prescription, option chosen and retail location)

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Progressive Lenses	Standard: \$65 + lens deductible Premium: lens cost -20% discount -\$120 allowance + Standard Progressive cost	No benefit				
Std. Polycarbonate	\$40	No benefit				
Tint (solid and gradient)	\$15	No benefit				
Scratch Resistant Coating	\$15	No benefit				
Anti-Reflective Coating	\$45	No benefit				
Ultraviolet Coating	\$15	No benefit				
Lasik or PRK	Average discount of 15% off retail price or 5% off promotional price at US Laser network participating providers.	No benefit				

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LASIK Advantage

Your eye care plan includes a feature called LASIK Advantage which provides benefits for LASIK and related procedures, including standard LASIK, custom LASIK, LASIK with Wavefront Technology, CustomVue LASIK, LASIK with IntraLase technology and Photorefractive Keratectomy (PRK).

As a participant in the dental plan you earn a lifetime LASIK

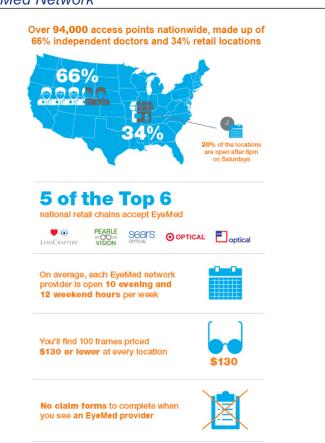
As a participant in the dental plan you earn a lifetime LASIK benefit per eye over time. The benefit amount increases over a four year period, with the highest benefit provided in year four. Benefits are earned for each eye.

If you and/or your eligible dependents are late entrants as described above, you and/or your eligible dependents must wait 6 months from enrollment to be eligible for LASIK coverage; after 6 months the LASIK benefit starts at the year one amount. The LASIK Advantage benefit is available to participants age 18 and older.

This benefit offers choice! Any specialist can be chosen, as there is no network tied to this coverage.

Lifetime Benefit	Year	Year	Year	Year
Earned per Eye:	One	Two	Three	Four
	\$0	\$0	\$0	\$0

EyeMed Network



Customer Service

EyeMed 866-289-0614 www.eyemedvisioncare.com Mon-Sat 8am-11pm, Sun 11am-8pm (EST)

Additional Savings

When you visit an EyeMed network provider you'll save:



20% off remaining frame balance



15% off remaining contact lens balance and additional contacts after benefit allowance



40% off non-covered complete prescription glasses



15% off LASIK and PRK laser surgery retail price or



5% off promotion price

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

Rx Savings

Save on Prescription medications at 60,000 Pharmacies across the nation including CVS, Walgreens, Rite Aid and Walmart. Just Present your Rx savings card. To access and print your Rx savings cards, visit ameritas.com, register/sign in to your secure member account and select member savings. This discount is offered at no additional cost and is not insurance.

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