## H.I.H.I.T. TRUST

Policy #: 010-350797



## Vision Plan Benefits

	EyeMed Access Network	Out-of-Network
Annual Eye Exam	Covered in full	Up to \$35
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 Premium: 10% off of retail	No benefit
Contacts (elective)	Up to \$130	Up to \$104
Contacts (medically necessary)	Covered in full	Up to \$ 200

## Deductible

Annual Eye Exam	\$10	No deductible
Eyeglass Lenses	\$25	No deductible

## Benefit Frequencies (months) Exam/Lens/Frame Based on Date of Service

12/12/24

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

Member 603. for feria options (may vary by prescription, option chosen and retail location)					
Progressive Lenses	Standard: \$65 + lens deductible	No benefit			
	Premium: lens cost				
	-20% discount				
	-\$120 allowance				
	+ Standard Progressive cost				
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	No benefit			
	price or 5% off promotional price at US				
	Laser network participating providers.				

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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

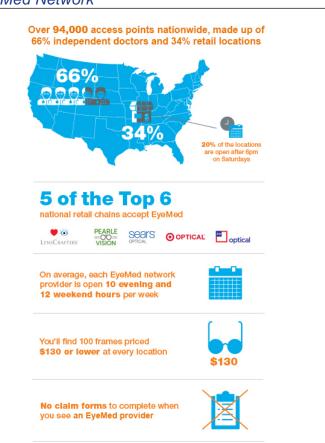
As a participant in the dental plan you earn a lifetime LASIK benefit per eye over time. The benefit amount increases over a four year period, with the highest benefit provided in year four. Benefits are earned for each eye.

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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