

# Ameritas Vision Plan Options

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

## Vision Perfect® Flat Max

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](http://ameritas.com)). Submit the form, along with a copy of an itemized bill from your provider, to Ameritas for reimbursement. Claims must be filed within 90 days after completion of the service (or longer than 90 days in certain states).

Effective 1/1/17 everyone enrolled in the Vision Perfect Materials Only plan will automatically be transitioned to the EyeMed Materials Only plan.

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

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.

### What the plan pays

Annual Exam
Benefit Frequencies
Deductible
Single Vision Lenses
Bifocal Lenses
Trifocal Lenses
Lenticular Lenses
Progressive Lenses
Frames
Contacts (standard) fit & follow up exam
Contacts (elective)
Contacts (medically necessary)

Standard Polycarbonate
Solid Plastic Dye (except Pink I & II)
Plastic Gradient Dye
Photochromatic Lenses (glass & plastic)
Scratch Resistant Coating
Anti-Reflective Coating
Tint (Solid & Gradient)
Ultraviolet Coating

### Vision Perfect Plan

#### No Network

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.

There is no insurance benefit or discount.

### Voluntary Plan monthly rates – effective 1/1/2017

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

Employee Only	\$7.92
Employee & Spouse	\$15.70
Employee & Children	\$13.50
Employee, Spouse & Children	\$21.28

### Contributory Plan monthly rates – effective 1/1/2017

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

Employee Only	\$5.49
Employee & Spouse	\$12.73
Employee & Children	\$10.66
Employee, Spouse & Children	\$17.91



**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®

### EyeMed Access Network.

- Nearly 82,000 providers made up of 66% independent providers and 34% retail locations



- 20% of the locations are open after 6pm on Saturdays
- On average, each provider is open 10 evening and 12 weekend hours per week
- 100 frames priced \$130 or lower at every location

**Online in-network options.** Glasses.com and ContactsDirect are both in the EyeMed network. When you're ready to buy, each site will incorporate your benefit pricing and show your cost after allowances and copays.

**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
- 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

**Non-prescription sunglasses.** EyeMed sends members a Sun Perks certificate to save up to \$50 off premium, non-prescription sunglasses at [sunglasshut.com](http://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®

### VSP Choice Network.

- Over 31,000 private practice doctors plus 4,500 retail locations nationwide



- Use out-of-network VSP benefits at  where hundreds of frames are covered-in-full
- 94% of VSP doctors offer early morning or evening appointments and access to 24-hour emergency care 

**Online in-network options.** Eyeconic.com is VSP's in-network online eyewear store – 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.

**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
- 20-25% off** non-covered lens options such as UV coating & polycarbonate
- 20% off** non-covered complete prescription glasses
- 15% off** LASIK and PRK laser surgery retail price or
- 5% off** promotion price

**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.**

# Hospitality Industry Health Insurance Trust

# 2017 Vision Plans

What the plan pays	EyeMed Materials Only		ViewPoint® EyeMed Plan		Focus® VSP Plan	
	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 after \$10 deductible	Covered in full after \$10 deductible	up to \$45 after \$10 deductible
Benefit Frequencies	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		\$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)							\$15
Plastic Gradient Dye	No discount		No discount				\$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 1/1/2017

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

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 1/1/2017

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

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

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This information is provided by Ameritas Life Insurance Corp. [Ameritas Life]. Group dental, vision and hearing care products [9000 Rev. 03-08, dates may vary by state] and individual dental and vision products [Indiv. 9000 Ed. 11-09] are issued by Ameritas Life. Some plan designs are not available in all areas. Most plans for groups with 26 or more enrolled lives are administered by Ameritas Life. Billing and eligibility for most plans with 25 or fewer enrolled lives are provided by HealthPlan Services, Inc. Ameritas, the bison design, "fulfilling life" and product names designated with SM or ® are service marks or registered service marks of Ameritas Life or its affiliate Ameritas Holding Company. All other brands are property of their respective owners. © 2014 Ameritas Mutual Holding Company

