# **INSHORE BENEFITS**

Policy #: 010-350785 Plan #: 51



# 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	\$180	\$90
Contacts (elective)	Up to \$180	Up to \$144
Contacts (medically necessary)	Covered in full	Up to \$ 200

### Deductible

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

# Benefit Frequencies (months) Based on Date of Service

Exam/Lens/Frame 12/12/12

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

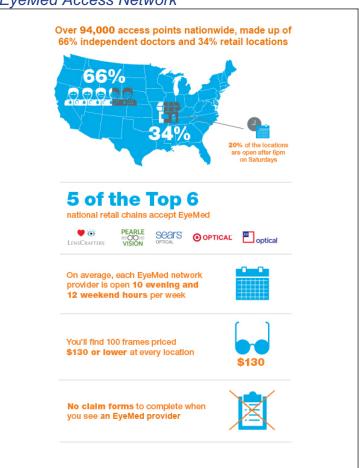
Progressive Lenses	Standard: \$65 + lens deductible Premium: lens cost -20% discount -\$120 allowance	No benefit
	+ Standard Progressive cost	
Std. Polycarbonate	\$40	No benefit
Tint (solid and gradient)	\$15	No benefit
Scratch Resistant Coating	\$15	No benefit
Anti-Reflective Coating	\$45	No benefit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

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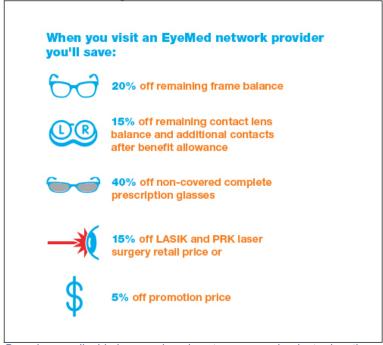


EyeMed Access Network



#### **Customer Service**

EyeMed <u>866-289-0614</u> <u>www.eyemedvisioncare.com</u> Mon-Sat 8am-11pm, Sun 11am-8pm (EST) Additional Savings



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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