

# Inshore Benefits Vision Plans



Vision Coverage Specifically Designed for  
2+ Enrolled Employees

## Summary of plan options

### EyeMed network

Make sure your employees have the right benefits they need to prioritize their eye health. Your employees can choose between several vision plan options. The biggest differences depend on frame benefit frequency, frame or contact lens benefit coverage and the monthly rates for members. Rates for members depend on plan participation of either a 2-life minimum or 75% participation.



**Frame allowance** – How much do you want the plan to pay toward eyeglass frames?  
\$130 or \$180?



**Benefit frequency** – These plans cover an exam and eyeglass lenses or contacts every 12 months and a frame benefit every 12 or 24 months.

EyeMed offers one of the largest vision networks in the nation with a mix of independent providers and retail chains. Find EyeMed network providers at [eyemed.com](https://eyemed.com).

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When members visit an EyeMed network provider they'll save:

- 20% off remaining frame balance
- 40% off complete pair of prescription glasses after plan benefit
- 20% off materials not covered by plan (excludes lens upgrades)
- 15% off retail price, or 5% off promotional price, for LASIK or PRK with U.S. Laser Network owned by LCA-Vision

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

<sup>1</sup> Benefitspro.com

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## Plan details

These plans can be set up as voluntary (employee pays full cost of coverage), or contributory (employer and employee share the cost of coverage).

	ViewPointe® EyeMed plan- 2 life minimum				ViewPointe® EyeMed plan - 75% participation			
	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
<b>Benefit frequencies</b>								
Exam	Every 12 months							
Eyeglass lenses or contacts	Every 12 months							
Frames	Every 24 months		Every 12 months		Every 24 months		Every 12 months	
<b>Deductible</b>	\$10 Exam							
Per calendar year	\$25 Eyeglass lenses							
	None out-of-network							
<b>Annual eye exam</b>	100%	Up to \$35	100%	Up to \$35	100%	Up to \$35	100%	Up to \$35
<b>Lenses</b>								
Single vision	100%	Up to \$25	100%	Up to \$25	100%	Up to \$25	100%	Up to \$25
Bifocal	100%	Up to \$40	100%	Up to \$40	100%	Up to \$40	100%	Up to \$40
Trifocal	100%	Up to \$55	100%	Up to \$55	100%	Up to \$55	100%	Up to \$55
<b>Frames</b>	\$130	Up to \$65	\$180	Up to \$90	\$130	Up to \$65	\$180	Up to \$90
<b>Contacts</b>								
Fit & follow-up exam	Standard: member cost up to \$40	No coverage	Standard: member cost up to \$40	No coverage	Standard: member cost up to \$40	No coverage	Standard: member cost up to \$40	No coverage
	Premium: 10% off retail		Premium: 10% off retail		Premium: 10% off retail		Premium: 10% off retail	
Elective	Up to \$130	Up to \$104	Up to \$180	Up to \$144	Up to \$130	Up to \$104	Up to \$180	Up to \$144
Medically necessary	100%	Up to \$200	100%	Up to \$200	100%	Up to \$200	100%	Up to \$200
<b>Lens options and coatings, member cost</b>								
Std. polycarbonate	\$40	No coverage	\$40	No coverage	\$40	No coverage	\$40	No coverage
Scratch resistant	\$15	No coverage	\$15	No coverage	\$15	No coverage	\$15	No coverage
Anti-reflective (standard)	\$45	No coverage	\$45	No coverage	\$45	No coverage	\$45	No coverage
Ultraviolet	\$15	No coverage	\$15	No coverage	\$15	No coverage	\$15	No coverage
<b>Monthly rates</b>								
Employee	\$9.48		\$11.28		\$8.93		\$10.39	
Employee and 1 dependent	\$16.14		\$20.84		\$15.09		\$18.98	
Employee and 2+ dependents	\$22.97		\$29.03		\$21.24		\$26.19	

These plans are available in Arizona, California, Nevada and Utah for groups of 2-200 eligible lives. All rates are valid for policies with an effective date starting January 1, 2023, and are guaranteed for 12 months.

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## Limitations

Please refer to the Certificate of Insurance for a complete list of covered procedures. Check for availability in your state. Covered expenses will not include, and no benefits will be payable for:

- Vision examinations, lenses and frames more than the frequency as indicated on the plan summary page.
- Orthoptics or vision training and any associated supplemental testing.
- 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.
- 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.
- Medical or surgical treatment of the eyes.

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