



**Ameritas Vision PPO VOLUNTARY  
Benefit and Rate Sheet**



Available in AZ, CA, NV, UT<sup>1</sup>  
Group Size: 2+

PPO VOLUNTARY AMERITAS VISION PLANS				
Plan Name	PPO 1 \$10/\$25/\$130 PLAN 50		PPO 2 \$10/\$25/\$180 PLAN 51	
Network	EYEMED IN-NETWORK	OUT-OF-NETWORK	EYEMED IN-NETWORK	OUT-OF-NETWORK
<b>Benefit Frequency</b>				
Exam/Lens/Frame	Every 12/12/24 months		Every 12/12/12 months	
<b>Deductible/Copay</b>				
Exam	\$10	No deductible	\$10	No deductible
Lens/Frame	\$25	No deductible	\$25	No deductible
<b>Benefits (After Deductible/Copay)</b>				
<b>Exam</b>	100%	Up to \$35	100%	Up to \$35
<b>Lenses - Single</b>	100%	Up to \$25	100%	Up to \$25
<b>Lenses - Bifocal</b>	100%	Up to \$40	100%	Up to \$40
<b>Lenses - Trifocal</b>	100%	Up to \$55	100%	Up to \$55
<b>Lenses - Enhancements</b>	Subject to copays	Not covered	Subject to copays	Not covered
<b>Frame</b>	\$130	\$65	\$180	\$90
<b>Contacts - Elective (In lieu of glasses)</b>	Up to \$130	Up to \$104	Up to \$180	Up to \$144
<b>Fit &amp; Follow-up Exam</b>	Standard: Member cost up to \$40 Premium: 10% off retail	No coverage	Standard: Member cost up to \$40 Premium: 10% off retail	No coverage
<b>Medically Necessary</b>	100%	Up to \$200	100%	Up to \$200
<b>Rates for 2024 Effective Dates - \$15 administration fee applies to each monthly invoice.</b>				
Member Only	\$9.48		\$11.28	
Member + Spouse/DP	\$16.14		\$20.84	
Member + 1 Child	\$16.14		\$20.84	
Member + Children	\$22.97		\$29.03	
Member + Family	\$22.97		\$29.03	
Rate Guarantee	1 year		1 year	

SIC code is required. Certain industries are ineligible to purchase these plans, such as: Dental Offices 8021, Dental Labs 8071, Medical Labs 8072, and Seasonal Employees, Part-time help and groups without an SIC. This is a summary of benefits. For more detailed information, view the carriers Summary of Benefits.

<sup>1</sup> Ameritas Dental and/or Vision plans are available to groups of 2 or more enrolled employees. Group must be headquartered in AZ, CA, NV, or UT. Employees can reside in any state. Voluntary plans assume employer is paying 0%-100% of the member's premium.

Please note: Benefits can be applied to glasses or contacts during the benefit year, but not both.