



**Ameritas Vision PPO EMPLOYER SPONSORED
Benefit and Rate Sheet for 2026 Effective Dates**



Available in AZ, CA, NV, UT¹
Group Size: 2+ with 75% participation

Choose One Plan:				
Plan Name	PPO 1 \$10/\$25/\$130 PLAN 52		PPO 2 \$10/\$25/\$180 PLAN 53	
Network	EYEMED IN-NETWORK	OUT-OF-NETWORK	EYEMED IN-NETWORK	OUT-OF-NETWORK
Benefit Frequency				
Exam/Lens/Frame	Every 12/12/24 months		Every 12/12/12 months	
Deductible/Copay				
Exam	\$10	No deductible	\$10	No deductible
Lens/Frame	\$25	No deductible	\$25	No deductible
Benefits (After Deductible/Copay)				
Exam	100%	Up to \$35	100%	
Lenses - Single	100%	Up to \$25	100%	Up to \$25
Lenses - Bifocal	100%	Up to \$40	100%	Up to \$40
Lenses - Trifocal	100%	Up to \$55	100%	Up to \$55
Lenses - Enhancements	Subject to copays	Not covered	Subject to copays	Not covered
Frame	\$130	\$65	\$180	\$90
Contacts - Elective (In lieu of glasses)	Up to \$130	Up to \$104	Up to \$180	Up to \$144
Fit & Follow-up Exam	Standard: Member cost up to \$40 Premium: 10% off retail	Not covered	Standard: Member cost up to \$40 Premium: 10% off retail	Not covered
Medically Necessary	100%	Up to \$200	100%	Up to \$200
Monthly Rates				
Member Only	\$8.93		\$10.39	
Member + Spouse/DP	\$15.09		\$18.98	
Member + 1 Child	\$15.09		\$18.98	
Member + Children	\$21.24		\$26.19	
Member + Family	\$21.24		\$26.19	
Rate Guarantee	1 year		1 year	
Monthly Admin Fee	\$15			

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.

¹ 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. Employer Sponsored plans assume employer is paying 50%-100% of the member's premium.

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