

Underwritten by:



Ameritas Life Insurance Corp. 5900 0 Street Lincoln NE 68510 Marketed by:



55 E 5th Street, Suite 500 Saint Paul, MN 55101 Toll Free: 800.620.5010 www.directvisioninsurance.com



# You'll like what you see with Direct Vision.

Protecting your eyes starts with having routine eye exams. With Direct Vision you'll be covered for one routine eye exam per year — starting on day one of your coverage!

### **Choice of Providers**

The Direct Vision Insurance plans include in-network and out-of-network benefits. Choose from EyeMed or VSP network plans. Why choose a network? When you use a network provider you maximize your benefits with low co-pays and overall lower out-of-pocket costs.

If you choose to see an out-of-network provider, these plans provide you with an allowance for each service and you are responsible for any costs above those amounts.



### **About EyeMed**

EyeMed providers include nationally recognized chains such as Pearle Vision, LensCrafters, Target, Sears and JCP Optical as well as independent providers. Choose from over 78,000 vision care providers nationwide. By utilizing an EyeMed provider you will receive additional savings such as:

- 40% off unlimited additional eyeglasses after initial benefit is exhausted
- 20% discount on remaining frame balance (once allowance has been applied) and 15% discount on any balance over the conventional contact lens allowance
- 5% 15% savings on LASIK or PRK services through the US Laser Network

Find an EyeMed provider near you at **eyemed.com** and select the Access Network, or call **866.939.3633**.



#### **About VSP**

VSP offers a national network of 31,000 private practice providers. In addition VSP offers discounts and savings that include:

- 20% savings on frames over the frame allowance
- \$20 additional frame allowance if you select a featured frame brand
- Savings of 20% on additional glasses and sunglasses
- Discounts on laser surgery, including LASIK

To find a VSP provider near you, visit **vsp.com** (choose the Choice Network) or call **800.877.7195**.

# **EyeMed** – Choose from two plans.

EYEMED ACCESS PLAN A
Eye Exam focuses on your eye health and overall wellness  • \$15 co-payevery 12 months
Contact Lens Exam & Fitting
Standard contact lens exam and fitting
• \$15 co-payevery 12 months
Frames  Up to \$150 frame allowanceevery 12 months
Contacts (in lieu of lenses and frame)
Up to \$150 allowanceevery 12 months
Single/Bifocal/Trifocal or Lenticular Lenses
• \$25 co-payevery 12 months

EYEMED ACCESS PLAN B		
Eye Exam focuses on your eye health and overall wellness  • \$15 co-payevery 12 months  Contact Lens Exam & Fitting  Standard contact lens exam and fitting		
<ul> <li>\$15 co-payevery 24 months</li> <li>Frames</li> <li>Up to \$150 frame allowanceevery 24 months</li> </ul>		
Contacts (in lieu of lenses and frame)  • Up to \$150 allowanceevery 24 months		
Single/Bifocal/Trifocal or Lenticular Lenses  • \$25 co-payevery 24 months		

EYEMED DIRECT VISION RATES		
	EyeMed Access Plan A	EyeMed Access Plan B
Individual	\$15.02	\$11.53
Individual +1	\$27.64	\$21.22
Family	\$41.31	\$31.71

# Lenses and frames.

- Standard plastic single, bifocal, trifocal or lenticular lenses coverage with discounts available on additional lens options.
- 40% off unlimited additional eyeglasses after initial benefit is exhausted.
- Receive 20% discount on remaining frame balance (once allowance has been applied) and 15% discount on any balance over the conventional contact lens allowance.

# Glasses.com and contactsdirect.com.

Members can use **Glasses.com** and **contactsdirect.com** as an in-network option to purchase frames and contacts.

For glasses:

- Simply send a picture of the prescription. Lenses are available for most prescriptions, including progressives and multifocals.
- Orders are fulfilled and shipped free the following day.
- Once received if you need an adjustment visit any LensCrafters.

For contacts:

- Select your lenses from a wide selection of top selling brands.
- Contacts will ship as soon as the prescription is verified most that same day and for free.

# Additional benefits at no additional cost.\*

• 5-15% savings on LASIK or PRK services through the US Laser Network.

# Out-of-network benefits.

Direct Vision also offers out-of-network benefits. Members will realize the biggest benefit savings when they utilize an in-network provider, but our plans reflect the understanding that it is not always possible. When an out-of-network provider is utilized, the member pays the provider the appropriate fees and then requests reimbursement from the plan. The plan will reimburse up to the amounts indicated in the schedule to the right.

ADDITIONAL STANDARD LENS ENHANCEMENTS	SINGLE VISION	MULTIFOCAL VISION
UV Protection Coating	\$15	\$15
Glass Tints	\$15	\$15
Solid Plastic Dye	\$15	\$15
Plastic Gradient Dye	\$15	\$15
Standard Scratch-Resistance	\$15	\$15
Standard Polycarbonate Lens	\$40	\$40
Anti-Reflective Coating	\$45	\$45
Photochromic Lens - Plastic	Retail Discount	Retail Discount
Standard Progressive	\$65	\$65
Other Add-Ons and Services	Retail Discount	Retail Discount

MAXIMUM ALLOWANCE OUT-OF-NETWORK	
Exams	\$50
Frames	\$70
Single Vision Lens	\$50
Bifocal Lens	\$75
Progressive Lens	\$75
Trifocal Lens	\$100
Elective Contact Lenses	\$105
Medically Necessary Contact Lenses	\$250

<sup>\*</sup> These additional discounts and value-added features are not a part of the insurance plan and there is no affiliation or ownership between Ameritas and these programs.

The EyeMed Direct Vision Insurance plans are available in all states except: FL, ID, MA, MD, NY, OH, RI, WA and PA counties of Adams, Bradford, Cameron, Forest, Huntington, Mifflin, Montour, Potter, Sullivan, Tioga, and Warren.

This provides a very brief description of some of the important features of this insurance policy. It is not the insurance policy and does not represent it. A full explanation of benefits, exceptions and limitations is contained in the Individual Dental Policy Form Indiv. 9000 Rev. 07-16 (Revision dates may vary by state). Premium rates may change upon renewal. This policy is renewable at the option of the insured. This product may not be available in all states and is subject to individual state regulations. Ameritas, the bison design, "fulfilling life" and product names designated with SM or ® are service marks or registered service marks of Ameritas Life, affiliate Ameritas Holding Company or Ameritas Mutual Holding Company. All other brands are property of their respective owners.



# **VSP** – Choose from two plans.

VSP CHOICE PLAN A
Eye Exam focuses on your eye health and overall wellness • \$15 co-payevery 12 months
Contact Lens Exam & Fitting
Standard and premium contact lens exam and fitting
• Up to \$60every 12 months
Up to \$150 frame allowanceevery 12 months
Contacts (in lieu of lenses and frame)
Up to \$150 allowanceevery 12 months
Single/Bifocal/Trifocal Lenses
• \$25 co-payevery 12 months

VSP CHOICE PLAN B
Eye Exam focuses on your eye health and overall wellness
• \$15 co-payevery 12 months
Contact Lens Exam & Fitting
Standard and premium contact lens exam and fitting
• Up to \$60every 24 months
Frames
Up to \$150 frame allowanceevery 24 months
Contacts (in lieu of lenses and frame)
Up to \$150 allowanceevery 24 months
Single/Bifocal/Trifocal Lenses
• \$25 co-payevery 24 months

VSP DIRECT VISION RATES			
	VSP Choice Plan A	VSP Choice Plan B	
Individual	\$15.97	\$12.22	
Individual +1	\$29.38	\$22.48	
Family	\$43.91	\$33.60	

# Frames, glasses and sunglasses.

- Receive 20% savings on frames over the frame allowance.
- Select a featured frame brand and receive an extra \$20 on the frame allowance.
- Savings of 20% on additional glasses and sunglasses.

## Lens enhancements.

• Lens enhancements co-pay applies to single and multi-focal vision lens enhancements with the exception of glass tints (\$44) and polycarbonate (\$35) which have higher multi-focal co-pays.

# Additional benefits at no additional cost.\* Laser VisionCare Program<sup>SM</sup>

- Contracted laser centers provide discounts averaging 15% off laser surgery, including photorefractive keratectomy (PRK), laser-assisted in-situ keratomileusis (LASIK) and Custom LASIK.
- If the laser center is offering a price reduction, you'll receive an additional 5% off the promotional price.

## **Low Vision**

 Low vision is vision loss sufficient enough to prevent reading and performing daily activities. With pre-approval from VSP, low vision supplemental testing and low vision aids up to \$1000 are covered every 2 years.

# Out-of-network benefits.

Direct Vision also offers out-of-network benefits. Members will realize the biggest benefit savings when they utilize an in-network provider, but our plans reflect the understanding that it is not always possible. When an out-of-network provider is utilized, the member pays the provider the appropriate fees and then requests reimbursement from the plan. The plan will reimburse up to the amounts indicated in the schedule to the right.

\* These additional discounts and value-added features are not a part of the insurance plan and there is no affiliation or ownership between Ameritas and these programs.

The VSP Direct Vision Insurance plans are available in all states except: FL, MA, MD, NY, RI and WA. Plan A is not available in ID and OH.

ADDITIONAL STANDARD LENS ENHANCEMENTS	SINGLE Vision	MULTIFOCAL VISION
UV Protection Coating	\$16	\$16
Glass Tints Solid and Dyes (Except Pink I & II)	\$34	\$44
Solid Plastic Dye (Except Pink I & II)	\$15	\$15
Plastic Gradient Dye	\$17	\$17
Factory Applied Standard Scratch-Resistance Coating	ş 17	\$17
Polycarbonate Lens	\$31	\$35
Anti-Reflective Coating	\$41	\$41
Photochromic Lens - Plastic	\$70	\$82
Standard Progressive	N/A	\$55
Other Add-Ons and Service	s Available at Discount	Available at Discount

MAXIMUM ALLOWANCE OUT-OF-NETWORK	
Exams	\$45
Frames	\$70
Single Vision Lens	\$30
Bifocal Lens	\$50
Progressive Lens	\$50
Trifocal Lens	\$65
Lenticular Lens	\$100
Elective Contact Lenses	\$105
Medically Necessary Contact Lenses	\$210

This provides a very brief description of some of the important features of this insurance policy. It is not the insurance policy and does not represent it. A full explanation of benefits, exceptions and limitations is contained in the Individual Dental Policy Form Indiv. 9000 Rev. 07-16 (Revision dates may vary by state). Premium rates may change upon renewal. This policy is renewable at the option of the insured. This product may not be available in all states and is subject to individual state regulations. Ameritas, the bison design, "fulfilling life" and product names designated with SM or ® are service marks or registered service marks of Ameritas Life, affiliate Ameritas Holding Company or Ameritas Mutual Holding Company. All other brands are property of their respective owners.



# Frequently Asked Questions for Direct Vision Insurance Members.

#### Who is eligible for this plan?

The insurance coverage is available in states where it's approved to anyone age 18 and older who does not have coverage through another Ameritas vision plan. You can request coverage for your dependents; dependent eligibility varies based on state law.

### How quickly can I start my coverage?

The Direct Vision Insurance plans provide four options for effective dates. Choose the one that works best for you and your family. You will receive an email confirmation immediately following your enrollment to verify this information. Your policy will arrive within 10 business days of enrollment.

**IMPORTANT NOTICE:** Your enrollment may take 2-3 business days before it becomes accessible to the EyeMed or VSP provider. If you have an appointment within several days of your effective date and your provider indicates you are not yet in their system, please call customer service for assistance. Representatives are available Monday – Friday at **800.300.9566**.

#### What if I change my mind about the coverage shortly after enrolling?

Direct Vision Insurance comes with a 30-day Customer Satisfaction Guarantee. You have 30 days after your plan becomes effective to cancel your plan if you are not satisfied for any reason. Any premium paid, minus the enrollment fee, will be fully refunded provided no covered services have been rendered.\* If services have been provided, you may still cancel your policy however the premium paid will not be eligible for reimbursement.

\* Plan includes a one-time non-refundable enrollment fee of \$25. This charge will be made at the time of purchase and may appear as a separate transaction from your vision insurance.

#### Will I receive an ID Card?

- If you enroll in the EyeMed plan yes, you will receive an ID card.
- With the VSP plan you will not receive an ID card. An ID card is not required when visiting a VSP provider. Simply tell your VSP provider you have the VSP Choice Network plan. If you would like to print an ID card for yourself or covered family members simply visit vsp.com to download card(s).

#### Where can I go to find a vision provider?

- Find EyeMed providers at www.EyeMed.com (choose the Access Network) or call 866.939.3633
- Find VSP providers at **www.VSP.com** (Choose the Choice + Affiliates Network) or call **800.877.7195**

#### Who should I contact regarding a claim?

- For questions regarding a claim contact EyeMed at **800.521.3605**.
- For questions regarding a claim, contact VSP at 800.877.7195.

#### What can you tell me about Ameritas, the insurance company underwriting this plan?

Ameritas Life Insurance Corp. and its affiliated companies have a proud and rich heritage dating back to the late 1880s. This
tradition is deeply rooted in our commitment to our customers, a foundation of integrity and trust and a legacy of financial strength
to deliver on our promises.

#### VISION LIMITATIONS AND EXCLUSIONS

Please check for availability in your state. Based on applicable laws, reduced costs may vary by doctor locations. Covered expenses will not include and no benefits will be payable for:

- Vision examinations, lenses and frames exceeding the set annual benefit amount.
- Examinations performed or frames or lenses ordered before the member was covered under the plan.
- Subject to extension of benefits, any examination performed or frame or lens ordered after the coverage under the plan ceases.
- Sub-normal eye care aids; orthoptic or eye care training or any associated testing.
- Non-prescription lenses.
- Any eye examination or corrective eyewear required by an employer as a condition of employment.
- Medical or surgical treatment of the eyes.
- Any service or supply not shown on the Schedule of Eye Care Procedures.
- Coated lenses; oversize lenses (exceeding 71 mm); photo-gray lenses; polished edges; UV-400 coating and facets, and tints other than solid.
- Claims filed more than 90 days after completion of the service (or longer than 90 days in certain states). An exception is if the Insured shows it was not possible to submit the proof of loss within this period.

#### WHEN WILL MY COVERAGE BEGIN

The Direct Vision Insurance plan provides four options for effective dates. Choose the one that works best for you and your family. You will receive an email confirmation immediately after enrollment to verify this information. Your policy will arrive within 10 business days of enrollment.

IMPORTANT NOTICE: Your enrollment will take 2-3 business days before it becomes accessible in the EyeMed or VSP provider systems. If you have an appointment within several days of your effective date and your provider indicates you are not yet in their system, please call customer service for assistance. Representatives are available Monday-Friday at 800.300.9566.

Plan includes a one-time non-refundable enrollment fee of \$25. This charge will be made at the time of purchase and may appear as a separate transaction from your vision insurance.

# About the Direct Benefits Insurance Team

# **Direct Vision Insurance is available exclusively through Direct Benefits, Inc.**

Direct Benefits, Inc. is a managing general agency that provides one-stop employee benefits to over 8,000 independent agents, brokers, consultants and general agents in all 50 states.

We're in it for the little people of America. Our mission is to provide individuals and small businesses with the same or better quality insurance products as Fortune 500 companies. By partnering with financially strong insurance carriers like Ameritas, we are able to create exclusive niche products like Direct Vision Insurance.





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