

**High Plan Summary: EyeMed ViewPointe®**

	<b>EyeMed Access Network</b>	<b>Out of Network</b>
<b>Deductibles</b>	\$20 Exam \$20 Eye Glass Lenses	No deductible
<b>Annual Eye Exam</b>	Covered in full	Up to \$35
<b>Lenses (per pair)</b>		
Single Vision	Covered in full	Up to \$25
Bifocal	Covered in full	Up to \$40
Trifocal	Covered in full	Up to \$55
Lenticular	20% discount	No benefit
Progressive	See lens options	NA
<b>Contacts</b>		
Fit & Follow Up Exams		
Standard	Standard: Member cost up to \$55	No benefit
Premium (Allowance)	Premium: 10% off of retail	No benefit
Elective	Up to \$150	Up to \$120
Medically Necessary	Covered in full	Up to \$200
<b>Frames</b>	\$150	Up to \$75
<b>Frequencies (months)</b>		
Exam/Lens/Frame	12/12/12 Calendar Year	12/12/12 Calendar Year

**Lens Options (member cost) effective 7/1/2020**

	<b>EyeMed Access Network</b>	<b>Out of Network</b>
<b>Progressive Lenses</b>		No benefit
Standard	Covered in full	
Premium		
<b>Std. Polycarbonate (adults)</b>	\$20	No benefit
<b>Std. Polycarbonate (children)</b>	Covered in full	
<b>Tint (solid and gradient)</b>	Covered in full	No benefit
<b>Scratch Resistant Coating</b>	Covered in full	No benefit
<b>Photochromatic/Transition Lenses</b>	\$20	No benefit
<b>Anti-Reflective Coating</b>	Covered in full	No benefit
<b>Ultraviolet Coating</b>	Covered in full	No benefit
<b>Lasik or PRK</b>	Average discount of 15% off retail price or 5% off promotional price at US Laser Network participating providers.	No benefit

**Additional EyeMed ViewPointe® Features**

<b>EyeMed In-Network Discounts</b>	15% discount off the remaining balance in excess of the conventional contact lens allowance. 20% discount off the remaining balance in excess of the frame allowance. 20% discount on items not covered by the plan at network providers, which may not be combined with any other discounts or promotional offers. This discount does not apply to EyeMed Provider's professional services, or contact lenses.
<b>EyeMed In-Network Secondary Purchase Plan</b>	Members receive a 40% discount on a complete pair of glasses once the funded benefit has been exhausted. Members receive a 15% discount off the retail price on conventional contact lenses once the funded benefit has been exhausted. Discount applies to materials only.
<b>Contact Lens Replacement by Mail Program</b>	After exhausting the contact lens benefit, replacement lenses may be obtained at significant discounts on-line. Visit <a href="http://EyeMedvisioncare.com">EyeMedvisioncare.com</a> for details.

**Eye Care Plan Member Service**

ViewPointe eye care from Ameritas Group features the money-saving eye care network of EyeMed Vision Care. Customer service is available to plan members through EyeMed's well-trained and helpful service representatives. Call or go online to locate the nearest EyeMed network provider, view plan benefit information and more.

**EyeMed Customer Care Center: 1-866-289-0614**

- Service representative hours: 8 a.m. to 11 p.m. ET Monday through Saturday, 11 a.m. to 8 p.m. ET Sunday
- Interactive Voice Response available 24/7

Locate an EyeMed provider at: [ameritas.com](http://ameritas.com)

View plan benefit information at: [eyemedvisioncare.com](http://eyemedvisioncare.com)

**This document is a highlight of plan benefits provided by Ameritas Life Insurance Corp. as selected by your employer. It is not a certificate of insurance and does not include exclusions and limitations. For exclusions and limitations, or a complete list of covered procedures, contact your benefits administrator.**