

## Plan Features

- Contact lenses AND eyeglass lenses available in the same benefit period on VIS 8 and VIS 12 plans.
- Declining balance on contact lens materials (may be used on multiple purchases within the same benefit period up to the maximum allowable.
- 20% off non-prescription sunglasses and accessories.
- Members also receive a 40% discount off additional complete pairs of prescription eyeglass purchases and 15% off conventional contact lenses once the funded benefit has been used.
- Eyeglass frame benefit available regardless of lens choice.

Services & Costs for Members	VIS 6				VIS 8				VIS 12				VIS 21			
	Access Network	Select Network	Insight Network	Out-of-Network	Access Network	Select Network	Insight Network	Out-of-Network	Access Network	Select Network	Insight Network	Out-of-Network	Access Network	Select Network	Insight Network	Out-of-Network
Vision Services																
Exam with Dilatation as Necessary	\$10			Up to \$35	\$0			Up to \$35	\$10			Up to \$35	\$10			Up to \$45
Standard Contact Lens fit & follow-up	Up to \$55	Up to \$40		N/A	Up to \$55	Up to \$40		N/A	Up to \$55	Up to \$40		N/A	Up to \$40		N/A	
Premium Contact Lens fit & follow-up	10% off Retail			N/A	10% off Retail			N/A	10% off Retail			N/A	10% off Retail			N/A
Frames																
Any Frame at Provider's Location	\$0 member cost, \$100 allowance; 20% off balance over \$100			Up to \$50	\$0 member cost, \$100 allowance; 20% off balance over \$100			Up to \$50	\$0 member cost, \$100 allowance; 20% off balance over \$100			Up to \$50	\$0 member cost, \$130 allowance; 20% off balance over \$130			Up to \$45
Lenses																
Single Vision	\$10		Up to \$25		\$0		Up to \$25		\$10		Up to \$25		\$25		Up to \$40	
Bifocal	\$10		Up to \$40		\$0		Up to \$40		\$10		Up to \$40		\$25		Up to \$60	
Trifocal	\$10		Up to \$55		\$0		Up to \$55		\$10		Up to \$55		\$25		Up to \$80	
Standard Progressive	\$75		Up to \$40		\$65		Up to \$40		\$75		Up to \$40		\$25		Up to \$60	
Premium Progressive	\$75-\$120 member cost, \$120 allowance; 20% off balance over \$120			Up to \$40	\$65-\$110 member cost, \$120 allowance; 20% off balance over \$120			Up to \$40	\$75-120 member cost, \$120 allowance; 20% off balance over \$120			Up to \$40	\$25-70 member cost, \$120 allowance; 20% off balance over \$120			Up to \$60
Lens Options																
UV Coating	\$15		N/A		\$15		N/A		\$15		N/A		\$15		N/A	
Tint (Solid & Gradient)	\$15															
Standard Scratch-Resistance	\$15															
Standard Polycarbonate	\$40															
Standard Anti-Reflective Coating	\$45															
Other Add-ons & Services	20% Discount															
Contact Lens Materials																
Conventional	\$0 member cost, \$115 allowance; 15% off balance over \$115			Up to \$100	\$0 member cost, \$200 allowance; 15% off balance over \$200			Up to \$160	\$0 member cost, \$120 allowance; 15% off balance over \$120			Up to \$100	\$0 member cost, \$150 allowance; 15% off balance over \$150			Up to \$100
Disposable	\$0 member cost, \$115 allowance; member responsible for balance over \$115			Up to \$100	\$0 member cost, \$200 allowance; member responsible for balance over \$200			Up to \$160	\$0 Copay, \$120 allowance; 15% off balance over \$120			Up to \$100	\$0 member cost, \$150 allowance; member responsible for balance over \$150			Up to \$150
Medically Necessary	\$0 member cost: paid-in-full			Up to \$200	\$0 member cost: paid-in-full			Up to \$200	\$0 member cost: paid-in-full			Up to \$200	\$0 member cost: paid-in-full			Up to \$210
Frequency																
Examination	Once every 12 Months				Once every 12 Months				Once every 12 Months				Once every 12 Months			
Frame	Once every 24 Months				Once every 12 Months				Once every 12 Months				Once every 12 Months			
Lenses	Glasses OR Contacts every 12 Months				Glasses AND Contacts every 12 Months				Glasses AND Contacts every 12 Months				Glasses OR Contacts every 12 Months			
Laser Vision Correction																
LASIK or PRK* (US Laser Network)	15% off retail price OR 5% off promotional price		N/A		15% off retail price OR 5% off promotional price		N/A		15% off retail price OR 5% off promotional price		N/A		15% off retail price OR 5% off promotional price		N/A	

IMPORTANT NOTICE: This information is a brief description of the important features of this insurance plan. It is not an insurance contract. All plans of insurance are marketed by Dental Select, an insurance agency, and underwritten by Ameritas Life Insurance Corp. Ameritas is rated A (Excellent) by AM Best. Ratings are an indication of the company's financial strength and ability to meet obligations to its insureds. Rating is current as of February 2021 and subject to change.

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



## Highlights

Dental Select's vision products are provided through EyeMed Vision Care with access to independent practitioners and optical retail providers from one of the largest national vision networks.

- Many locations open 7 days per week, including evenings.
- Laser vision correction discount is 15% off retail price, and 5% off the promotional price.
- Order glasses and contact lenses online using in-network benefits through [glasses.com](http://glasses.com) and [contactdirect.com](http://contactdirect.com).



[GLASSES.com](http://glasses.com) [contactsdirect](http://contactdirect.com)

## Vision Plan Notes

### Discounts

- Members may receive a 20% discount on items not covered by the plan when using contracted providers.
- This discount may not be combined with any other discounts or promotional offers and does not apply to EyeMed Provider's professional services or contact lenses.
- Retail prices may vary by location.
- Discounts do not apply to benefits provided by other group benefit plans.
- When enrolled on the vision plans, members receive a 40% discount off complete eyeglass purchases and a 15% discount off conventional contact lenses at unlimited frequency after the initial benefit has been used. After initial purchase, replacement contact lenses may be obtained via the Internet at substantial savings and mail directly to the member. Details are available at [www.eyemedvisioncare.com](http://www.eyemedvisioncare.com). Contact lens benefit allowance is not applicable to the service.

### Premium Progressive Lenses

Members receive a discount on Premium Progressive lenses at certain locations or when using a contracted vision provider.

### Allowances

Allowances are one-time use benefits; no remaining balance except for contact lens materials, when applicable. Lost or broken materials are not covered. Out-of-network payments may vary in accordance with state requirements.

### LASIK & PRK

LASIK or PRK vision correction is an elective procedure, performed by specially trained providers, this discount may not always be available from a provider in your immediate location. For a location near you and the discount authorization, please call 1-877-5LASER6.

## Limitations and Exclusions

The services covered by our group vision insurance plans are subject to limitations and exclusions. A partial list of these limitations and exclusions is shown below. For a complete list of your plan's specific covered services, and the limitations and exclusions that apply to those services, refer to your Policy or contact Dental Select. In the event of conflict, the Policy will govern.

### Discounts on Non-Covered Services & Materials

Members will receive a 20% discount on items not covered by the plan when using contracted providers. This discount may not be combined with any other discounts or promotional offers and does not apply to EyeMed Provider's professional services or contact lenses. Retail prices may vary by location. Discounts do not apply to benefits provided under any other health care benefit plans.

### Discounts on Materials after Benefit has been Used

Members receive a 40% discount off complete eyeglass purchases and a 15% discount off conventional contact lenses at unlimited frequency after the initial benefit has been used. After initial purchase, replacement contact lenses may be obtained via the internet at substantial savings and mailed directly to the member. See [www.eyemedvisioncare.com](http://www.eyemedvisioncare.com) for details. The contact lens benefit allowance is not applicable to this service.

### Benefit Allowances

Allowances are one-time use benefits; no remaining balance except for contact lens materials, when applicable. Lost or broken materials are not covered.

### Value Vision Plan

The complete pair of eyeglasses (frames, lenses, & lens options) must be purchased in the same transaction to receive full discount. If purchased separately, member receives 20% off retail price.

### Exclusions

We will not cover:

1. orthoptic or vision training and any associated supplemental testing.
2. plano lenses.
3. two pair of glasses, in lieu of bifocals or trifocals.
4. medical or surgical treatment of the eyes.
5. any eye examination, or any corrective eyewear, required by an employer as a condition of employment.
6. any injury or illness when covered under any Workers' Compensation or similar law, or which is work-related.
7. sub-normal vision aids or non-prescription lenses.
8. services rendered or Materials purchased outside the U.S. or Canada, unless:
  - a. the Insured resides in the U.S. or Canada; and
  - b. the charges are incurred while on a business or pleasure trip.
9. charges in excess of the Usual and Customary charge for the Service or Materials.
10. charges incurred after:
  - a. the Policy ends; or
  - b. the Insured's coverage under the Policy ends, except as stated in the Policy.
11. experimental or non-conventional treatment or devices.
12. spectacle lens treatments or "add-ons", except solid tints (#1 & #2), and oversize lenses.
13. high Index lenses of any material type.
14. lost or broken Materials, except when replaced at normal intervals when Services are available.
15. photorefractive Keratectomy (PRK) surgery or Laser-assisted in Situ Keratomileusis (LASIK) surgery. (Does not apply to: TX, UT)
16. aniseikonic lenses.
17. non-prescription sunglasses.
18. certain name brand vision Materials for which the manufacturer maintains a no-discount practice.
19. services or Materials provided by any other group benefit providing for vision care.
20. services and/or materials not specifically included in this Schedule as covered Plan Benefits.

In no event will payment exceed the lesser of:

1. the actual cost of covered Services or Materials; or
2. the limits of the Policy, shown in the Schedule.

**Available in all states except:** AK, MA, NC, NH, NJ, NM, NY, RI, VA, and WA.

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