Ameritas

Vision

Eligibility:

- Full time employees working 20+ hours per week
- Spouse and Children (up to age 26) (Marital status does not affect child coverage)
- Claims must be submitted within 90 days of service
- Please find in-network providers in the Employee Navigator benefits portal

Rates		
	VSP	EyeMed
Employee	$7.00	$7.00
Employee + One	$12.84	$12.84
Family	$21.72	$21.72

Co-Payments:

$10 for exams

$25 for Materials

Exams/Lens/Frames:

Every 12/12/24

To locate a provider, please view the list of in-network providers in the HR Portal!

EyeMed

VSP Vision care for life

Ameritas

Vision

	VSP or EyeMed In-Network	VSP Out-Of-Network	EyeMed Out-Of-Network
Annual Eye Exam	**Covered in full**	**Up to $45**	**Up to $35**
Lenses (per pair)			
Single	**Covered in full**	**Up to $30**	**Up to $25**
Bifocal	**Covered in full**	**Up to $50**	**Up to $40**
Trifocal	**Covered in full**	**Up to $65**	**Up to $55**
Lenticular	**VSP– Covered in full EyeMed– 20% discount**	**Up to $100**	**$0**
Frames	**Up to $130**	**Up to $70**	**Up to $65**
Contact Lenses*			
Elective	**$130**	**Up to $105**	**Up to $104**

***If you choose contact lenses, no benefits will be available for covered eyeglass lenses during that period.**

EyeMed

VSP Vision care for life