



connect with us for Ameritas vision members

We want you to have everything you need right at your fingertips. Access your ID card. Locate convenient vision providers. And much more. We're as close as ameritas.com, your cell phone or your tablet.

Secure Member Account's Online Features

Find A Provider

- Search for a vision provider by name or location

Online Member ID Cards

- Access, view, print, or save your vision ID card

Resource Center

- Download claim forms

Member Savings Cards

- Access prescription savings card from Walmart at no additional cost to your plan premium
- View information about this benefit, print your ID card and access FAQ

Social Media

- Check out our social media channels by visiting our website and clicking on the icons

- Members can save up to 15% off eyewear frames and lenses purchased at any Walmart Vision Center nationwide.
- Obtain your savings card through your secure member account.

Set Up Your Secure Member Account

- Go to ameritas.com
- Select **"Executive/Employee Benefits"** under the Businesses and Groups section.
- Click on **"Dental/Vision/Hearing"**
- Select **"Member"** under Secure Accounts
- On the Login page select the **"Register Now"** link
- Fill out the New User Registration form and select **"Create Account"**
- Select **"continue"** on the Account Registered page
- Enter your first name, last name, date of birth, member ID and select **"Submit"**

Pharmacy and Eyewear Savings

- Save on hundreds of generic drug prescriptions at the everyday low price of \$4, as well as 40% off other generic prescriptions and 10-15% off most name-brand drug prescriptions.



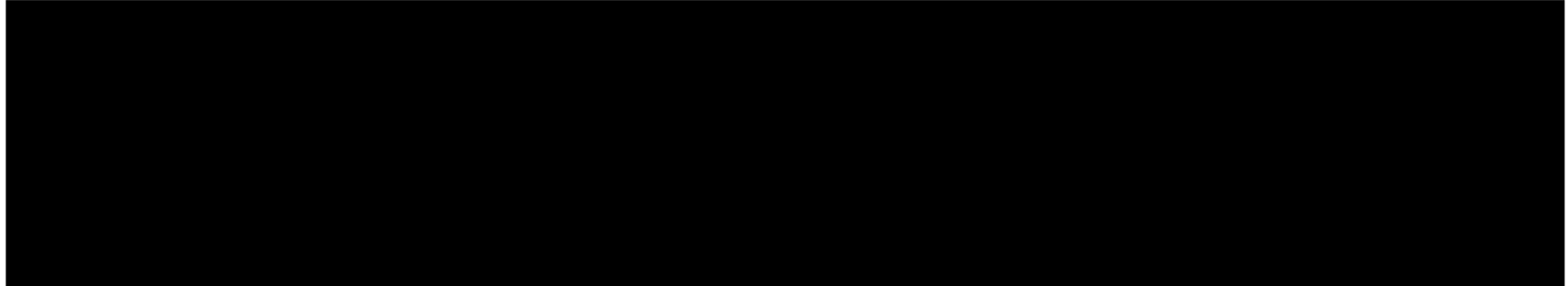
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Section 4: Content of Responses

Please respond to the questions below, specific to your organization's **group vision insurance plan(s)**.

A. Plan Type



2. If offered, are your self-insured vision plans customizable?

VSP Network

Yes. We do have limits around our out of network allowances as we want to encourage members to use in network providers.

EyeMed Network

Yes. We do have limits around our out of network allowances as we want to encourage members to use in network providers.

Vision Perfect Network

Yes, these plans can be customized.

3. How many vision plan contracts does your organization have in Washington State?

Ameritas currently has 166 vision plan contracts in Washington State.

B. Plan Design

1. Describe your organization's benefit plan offerings and include covered services descriptions. Please provide your range of plans and rates.

VSP Network

Your employees will receive industry-leading coverage under the proposed plan. The following outlines the value VSP delivers through their negotiated benefits and coverage for enhancements^[1]:

VSP Doctor Reimbursement

VSP pays their doctors using a variable fee-for-service method, which on average achieves savings of approximately 56% below usual and customary fees.

Lens Enhancements

Your employees and their families will receive full coverage with the most popular lens enhancements covered after copay, saving members an average of 20-25%; members should see their doctor for special pricing on additional lens enhancements. Under the program, your employees and their families also have the greatest choice in brands and type of lenses. For example, some other vision plans include as few as 9 standard progressive lenses under their program, while the proposed plan includes more than 50.

Frames

Smarter Vision Care™ from VSP gives your employees the widest selection of eyewear at the lowest out-of-pocket costs. Maximizing their VSP benefit will be even easier with an extra \$20 to spend on featured frame brands like bebe®, Calvin Klein, Cole Haan, Flexon®, Lacoste, Nike, Nine West, and more, which provided \$18 million in extra value to members in 2016^[2]. Visit vsp.com to find the Premier program doctor locations that offer wide selections of featured frames to maximize value!

While thousands of frames are covered in full, your employees will receive 20% off the overage from the VSP doctor if they choose a frame that exceeds the plan allowance.

Additionally, VSP protects your employees from fluctuations in retail mark-ups by including a guaranteed wholesale value as part of the standard frame coverage for nearly every frame available on the market. For example, a frame with a wholesale price of \$57 may retail for \$150 at one location and \$170 at another. Under VSP's proposed plan, this frame would be covered in full at all VSP doctor locations because it is within the plan's \$57 wholesale allowance, even though the patient's retail frame



allowance is \$150. See example to the right. Under other vision plans that only offer a retail-based allowance, the patient would pay extra for this frame at some locations.

Contact Lenses

Contact lens patients receive a covered in full fitting and evaluation with a copay not to exceed \$60, which applies to standard and premium fit – including toric and multifocal lenses. VSP is the only vision plan providing this level of coverage for premium fit lenses. The patient can then use their full contact lens allowance toward contact lenses.

Additional Glasses

VSP doctors offer 20% off their usual and customary fees for unlimited additional complete pairs of prescription and non-prescription glasses, including sunglasses. This savings is available from any VSP doctor within 12 months of the last covered eye exam. According to Jobson Research's 2014 Eyewear & Eye Care Consumer Patterns Insight Survey, only 20% of consumers bought two or more pairs of glasses during their last purchase.

Laser VisionCareSM

The complimentary VSP Laser VisionCare Program provides members a safe and successful path to improved vision through laser vision correction. The program includes:

- Covered visits to a VSP laser vision doctor both before and after the procedure
- Savings averaging 15% off or 5% off a promotional offer through VSP-contracted laser centers on the following procedures: Custom LASIK, Custom PRK, Bladeless LASIK, LASIK or PRK.

Contract Laboratories

VSP's contract lab bid prices represent a significant savings compared to what these labs charge their other customers in the private wholesale optical industry. Given the volume and value of the business they provide, VSP pays the lowest prices in the industry – an estimated 15% less than the labs' other very best volume customers.

Exclusive Member Extras

With Exclusive Member Extras, savings never looked so good. VSP puts their members first by providing exclusive special offers from VSP and leading industry brands, totaling more than \$2,500 in savings on vision, hearing, medical, and lifestyle services.

Vision

- Glasses, sunglasses, and contact lenses
- Laser vision surgery
- Nike-authorized prescription sunglasses^[3]

Health and Lifestyle

- VSP Simple Values provides access to savings on health, wellness, and entertainment expenses including:
 - Telehealth, prescription drugs, and diabetic care services
 - Doctor office visits and medical bill negotiation
 - Movie tickets, theme parks, travel, and lodging
 - Retail shopping rewards
- Digital hearing aids and batteries for you and your extended family members®
- Eye health vitamins
- Financing for vision and health care expenses

EyeMed Network

At EyeMed, we are dedicated to ensuring that our members experience low out-of-pocket spending while receiving a complete contact lens benefit. The proposed plan consists of a comprehensive contact lens benefit that includes a materials allowance and discounted prices to control member out-of-pocket costs for contact lens fit and follow-up exams. This differentiating feature means a richer fit and follow-up benefit for the member and preserves the contact lens allowance for the purchase of the lens supply. Providers are free to prescribe the brand of contact lenses that best meets the visual needs of our members; there are no formulary benefits and no manufacturer lists to choose from.

To ensure our members receive proper eye care, providers perform contact lens compatibility tests, diagnostic evaluations, and diagnostic lens analysis to determine a patient's suitability for contact lenses or a contact lens prescription change. During the contact lens fitting, the provider will give instructions regarding adequate care, handling, insertion, and wearing time.

Additionally, first-time contact lens wearers, or those who have changed contact lens brands, should schedule a follow-up appointment after the initial contact lens exam and fitting. EyeMed recommends the following components to the follow-up exam:

- Contact lens history including a review of care and hygiene regimen
- Visual acuities
- Over-refraction as indicated
- Keratometry and/or corneal topography as indicated
- Evaluation of prescription contact lenses with appropriate instruments
- Biomicroscopy of eyes and adnexia (with fluorescein or other dyes as indicated)
- Consultation and proper documentation with assessment and plan

We do not institute a restriction on the timing for a contact lens follow-up exam. Most disposable contact lens wearers return for their second visit within four weeks of the original fitting and follow-up. Overall, our contact lens benefit provides members with great eye care and materials while keeping out-of-pocket spending at a minimum.

EyeMed does not restrict members' choices to a limiting frame tower or frame selection. In order to ensure high member and provider satisfaction, all frames at all provider locations are available to members through their frame allowance.

All EyeMed providers guarantee a frame assortment that meets the lifestyle and budgetary needs of their local consumer base. EyeMed requires that all providers maintain a proper frame stock for the markets they serve.

If a member chooses a frame that exceeds their frame allowance, he or she will receive 20% off the remaining frame balance for an even greater savings. Members can also apply their frame allowance toward the purchase of prescription sunglasses. Lastly, once the funded frame benefit has been exhausted, members will receive 40% off unlimited additional complete pairs of prescription eye wear – the largest and most flexible additional pair discount in the industry.

Our frame model is built around the freedom of choice for all types of members. EyeMed believes in making benefits easy to understand and empower members to make fashionable or economical based decisions in choosing the eyewear that best fits their needs and lifestyles.

EyeMed believes in choice - the kind of choice where members can select from a wide variety of in-network independent or retail providers that fit into their busy lifestyles. And though we don't restrict or encourage members to visit retailers, they are, in increasing numbers, visiting these locations. Why? Because retail makes vision care convenient.

True in-network is the real solution:

- Extended evening AND weekend hours
- Convenient locations with walk-in availability
- Benefits applied consistently at **all** locations
- On-site labs offer one-hour or same-day service
- Product guarantees and extended warranty options
- State-of-the-art technology and innovation

EyeMed provides members with access to thousands of independent and retail providers, including five of the top 10 most preferred optical retailers: LensCrafters, Pearle Vision, Sears Optical, Target Optical and JCPenney Optical.

EyeMed's network hits all buying preferences so members can make their selection based not only on their schedule, but also cost and fashion. In fact, 97.6% of members are so satisfied with the EyeMed network that they choose to receive services from a network location.

EyeMed is committed to keeping money in members' pockets. That's why EyeMed offers their members additional discounts above the proposed benefits, such as:

- 40% off additional pairs of glasses at any location, any time throughout the benefit year - largest and most flexible in the industry!
- Up to 34% off popular lens options not covered by the benefit
- Up to 30% savings on a standard fit and follow-up on qualifying networks
- 15% off retail or 5% off the promotional price of LASIK
- 20% off any remaining balance over the frame allowance
- 15% off any balance over the conventional contact lens allowance
- 20% off any item not covered by the benefit, including non-prescription sunglasses

Vision Perfect Network

With Vision Perfect plans, members select the eye doctor of their choice, pay the doctor for the services provided, and submit their claims to Ameritas for reimbursement. There are two plan options: a schedule plan that has set allowances for eye exams and/or materials and a flat maximum plan that is a fixed dollar amount that can be applied to a list of covered services and materials with no other limitations.

Vision Perfect plan members receive an additional value, called the EyeMed Discounts, which results from a partnership between Ameritas Group and EyeMed Vision Care. These stand-alone discounts are not insurance. These discounts are provided at no extra cost to plan members who use an EyeMed Access network provider.

Exam with dilation as necessary

\$5 off routine exam

\$10 off contact lens exam

Standard Plastic Lenses

Single Vision

Bifocal

Trifocal

Member Cost

\$50

\$70

\$105

Lens Options	Member Cost
UV Coating	\$15
Tint (Solid & Gradient)	\$15
Standard Scratch-Resistant	\$15
Standard Polycarbonate	\$40
Standard Progressive (add-on to bifocal)	\$65
Standard Anti-Reflective Coating	\$45

Premium Progressive Lenses

20% discount

Other Add-Ons

20% discount

Frame

35% off retail price with a complete pair of glasses
(Items purchased separately - 20% off retail price)

Contact Lenses – Conventional

15% off retail price (does not apply to fitting). After initial purchase, replacements by mail are offered at substantial savings via eyemedvisioncare.com.

LASIK or PRK

Average discount of 15% off retail price, or 5% off promotional price through U.S. Laser Network.

LIMITATIONS AND EXCLUSIONS

These discounts from providers on the EyeMed Access Network are only available to groups who have a specific schedule/defined benefit eye care plan in place. The discounts may not be combined with any other discounts or promotional offers. Retail prices may vary by location.

Discounts are not available for the following procedures, material or services:

- Orthoptic or vision training, subnormal vision aids, and any associated supplement testing.
- Medical and/or surgical treatment of the eye, eyes, or supporting structures.
- Corrective eye wear required by an employer as a condition of employment, and safety eye wear unless specifically covered under the plan.

- Services provided as a result of any Worker's Compensation law.
- Plano non-prescription lenses and non-prescription sunglasses (except for 20% discount).
- EyeMed's providers' professional services or disposable contact lenses.
- Two pairs of glasses in lieu of bifocal.

2. Describe any member paid buy-up options offered by your organization.

Ameritas offers and encourages multiple plan options as this increases participation in our vision plans. By offering multiple networks and plan design elements, we reduce risk and increase rate stability. Multiple plans may also increase member satisfaction as they can select the plan that best fits their needs.

3. Does your organization offer member discounts or affinity programs? If so, describe what the programs are, and what is included in them.

VSP Network

Yes. All of our vision plans offer discounts on LASIK surgery. We also offer an insured LASIK benefit that can be paired with any of our vision plans.

EyeMed Network

Yes. All of our vision plans offer discounts on LASIK surgery. We also offer an insured LASIK benefit that can be paired with any of our vision plans.

Vision Perfect Network

We also offer an insured LASIK benefit that can be paired with any of our vision plans.

4. Is your eye exam covered annually or biennially? Describe any member cost shares for this service.

A majority of our plans cover exams once every 12 months. We can also cover exams once every calendar year. We will consider offering exams biennially, however, we prefer to cover this service at least once every 12 months.

5. What tests are included in the eye exam benefit?

VSP Network

Here's a look at what's included in our WellVision Exam:

WellVision Exam		
Exam steps	Purpose	Why it's important
Case history	Identify patient's reason for visit Obtain past visual/health history Review medications	Determines visual areas needing assistance and helps confirm the final

WellVision Exam		
Exam steps	Purpose	Why it's important
	Discuss any symptoms	diagnosis
Visual system health status evaluation	<p>External exam using a biomicroscope for the following assessments:</p> <ul style="list-style-type: none"> Cornea observation Lens observation Iris observation Conjunctiva observation Lids observation Lashes observation <p>Internal exam, including direct/or indirect ophthalmoscopy¹²:</p> <p>View the retina, including the macular, optic nerve head, and blood vessels</p> <p>Perform a visual fields screening test and tonometry test</p>	<p>Assesses the external tissues of the eye to help determine the presence of any ocular or systemic disease</p> <p>Evaluates internal eye health and checks for the presence of systemic disease, such as diabetes, hypertension and high cholesterol.</p> <p>Evaluates the ability of the patient to see peripherally and aid in the detection and diagnosis of glaucoma by measuring pressure</p>
Neurological integrity assessment	<p>Extraocular muscle assessment</p> <p>Analyzes pupillary reflexes</p>	Assesses neurologic integrity of the eye to help determine the presence of any ocular or systemic conditions
Refractive status evaluation	<p>Visual acuity at 20 feet and 40cm</p> <p>Objective refraction with retinoscopy, auto refraction or keratometry</p> <p>Subjective refraction</p> <p>Accommodation testing</p>	Identifies visual problems, the best prescription for clear vision and the eyes' ability to adjust focus
Diagnosis	The diagnosis includes an	Identifies the need for

WellVision Exam		
Exam steps	Purpose	Why it's important
and treatment plan	assessment of the patient's visual and eye health status For suspected systemic health conditions, the patient's health plan referral guidelines are used for further evaluation and treatment	corrective eyewear or vision therapy Ensures the earliest possible intervention for ocular and systemic disease

Fundus photography and Optomap retinal exams are considered separate procedures from a VSP comprehensive eye exam.

Our WellVision Exam also includes glaucoma screening and dilation coverage for all patients. Annual dilation is especially important for patients with diabetes.

EyeMed Network

Eye exams include dilation as necessary at no additional cost to the member. As such, all providers on our network are contracted to perform exams as detailed in our Professional Provider Manual.

Some of the tests and procedures performed with these exams include:

- Case history
- Patient observation
- Clinical diagnostic testing, including binocular function
- Refractive status
- Color vision testing
- Stereopsis testing

Vision Perfect Plan

Not Applicable. Ameritas does not contract with any eye care providers. Our members have the freedom to choose any eye care provider for services. To determine covered service materials and materials guarantees, the member should consult with the service provider

6. Please describe how pediatric eye exams and hardware benefits are designed and factored in the overall plan designs, keeping in mind the Affordable Care Act (ACA) pediatric vision requirements.

Vision Perfect Network

Pediatric patients receive polycarbonate lenses at no extra charge in addition to regular services.

EyeMed Network

The current plans do not contain benefits set up to specifically support pediatrics.

Vision Perfect Network

The current plans do not contain benefits set up to specifically support pediatrics.

7. Describe your organization's range of deductibles.

Vision Perfect Network

Deductibles range between \$0 and \$25.

EyeMed Network

Deductibles range between \$0 and \$25.

Vision Perfect Network

Deductibles range between \$5 and \$100 Lifetime and \$0 and \$50 calendar year.

8. Does your organization pay claims based on a capped amount per member, or are your costs based on a per service fee schedule? Is this dependent on whether the plan is fully-insured or self-insured?

VSP Network

We compensate VSP doctors for their professional services and materials on a negotiated fee-for service basis separated by:

- Diagnostic fee (eye exams)
- Dispensing fee (fitting)
- Material fees (lenses, frames, contact lenses)

EyeMed Network

This variable fee system pays a percentage of the doctor's filed usual and customary fees for diagnostic services and dispensing services, not to exceed regional maximums set by VSP. Because our fees can vary by geographic region

and/or doctor, there is no single fee schedule. As a condition of membership, our doctors must accept our negotiated fees as payment in full for covered services.

We reimburse network providers on a uniform schedule of reimbursements throughout the country. All providers, regardless of market, are reimbursed the same amount for the delivery of a comprehensive eye exam and materials. Reimbursing our providers fixed amounts for these services allows us to keep our clients' rates stable over the contract term and enables us to provide a consistent member experience with plan participants.

Vision Perfect Plan

Ameritas does not contract with any eye care providers; rather, our members have the freedom to choose any eye care provider for services.

9. If payment is based on a capped amount per member, does the capped amount renew annually or biennially?

Not Applicable

C. Provider Network

1. Describe how your organization determines who is in-network.

VSP Network Credentialing



Doctor credentialing is one of the core responsibilities a vision company has in ensuring the quality of its doctors. We take this responsibility seriously and are one of the few companies in the vision benefits industry to have received the National Committee for Quality Assurance (NCQA) credentialing certification. Our credentialing process includes primary source verification through:

- National Practitioner Data Bank
- State Board of Medical Examiners (ophthalmologists)
- State Board of Optometry (optometrists)
- Medicare/Medicaid (sanctions)

During credentialing, the following information is verified:

- Licensure

- Malpractice coverage of \$1 million per occurrence and \$3 million aggregate, unless they participate in the State's Patient Compensation Fund
- TPA or DPA license, as applicable to state laws
- Clinical privileges in good standing
- Malpractice claim history

EyeMed Network

To participate on our network, all doctors must meet the credentialing and quality standards set forth in our Professional Provider Manual - all of which align with the industry standards set forth by the National Committee for Quality Assurance (NCQA).

Providers submit relevant demographic, educational and professional data, upon which, that data is verified for approval on our network. All providers are required to be re-credentialed at a minimum of every 24 to 36 months, in accordance with state law.

We verify the following information for all doctors:

- Work history
- Licensure and certification
- Minimum professional liability insurance
- Criminal history
- Member complaints
- Liability and malpractice claims
- Quality assurance site evaluation
- Operating hours and locations

Vision Perfect Plan

Not Applicable. Ameritas does not contract with any eye care providers; rather, our members have the freedom to choose any eye care provider for services.

2. What vision provider types does your organization contract with?

VSP Network

VSP offers your employees 81,000 provider access points, including 15,000 participating retail chain access points and the largest national network of independent doctors. 30 of the 2015 Vision Monday Top 50 U.S. Optical Retailers are VSP network providers.

The provider type percentage breakdown is as follows:

- 86% Optometrists
- 14% Ophthalmologists

Because opticians aren't licensed to provide eye exams, they aren't eligible to contract directly with VSP. However, most VSP doctors employ at least one, if not more, opticians to assist with dispensing of eyewear. Based on statistically valid survey data, VSP estimates one optician per VSP doctor location.

EyeMed Network

EyeMed plan members have access to over 51,800 EyeMed providers nationwide at over 23,800 locations, with a choice between independent and retail providers.

The breakdown of provider type is as follows:

ACCESS

EyeMed Network (Providers At A Location)	Optometrists	Ophthalmologists	Opticians	Total Providers at a Location
Access	68,588	9,181	2,413	80,182

SELECT

EyeMed Network (Providers At A Location)	Optometrists	Ophthalmologists	Opticians	Total Providers at a Location
Select	62,569	7,267	2,215	72,051

Vision Perfect Plan

Ameritas does not contract with any eye care providers; so we do not track this information. Rather, our members have the freedom to choose any eye care provider for services.

3. Does your organization use a tiered provider network? If yes, describe the different coverage levels.

No

4. Is the network the same for both fully insured and self-insured plans?

Yes

5. How do your organization's covered providers work with medical plans when services provided are covered under a medical plan and not a separate vision plan?

VSP Network

Coordination of Care with overlapping medical plan

Due to the nature of VSP's proposed routine vision care benefit, such overlap would not occur in most cases. However, in the few instances when this might apply, our preferred providers would typically communicate with the patient's Primary Care Physician (PCP) or specialist to determine the appropriate course of action and to coordinate benefits available under both the vision and medical plans. VSP's Provider Reference Manual outlines specific referral guidelines to which our preferred providers must adhere.

VSP encourages their preferred providers to establish strong partnerships with their patients' PCPs. Maintaining these relationships facilitate a cooperative approach to the management of each patient's eyecare needs. VSP's Provider Reference Manual outlines specific referral guidelines for cases when a vision examination reveals the likelihood of any medical conditions indicating referral to another practitioner.

EyeMed Network

All claims will be processed as primary. At this time, EyeMed does not Coordinate Benefits.

Vision Perfect Plan

There is no coordination of benefits provision in our contract.

6. Describe all the ways your organization allows members to submit claims for reimbursement.

VSP Network

We don't require our members to submit claim forms. VSP network providers submit claims on behalf of their patients.

EyeMed Network

In-Network Providers verify eligibility and submit claims on behalf of plan members.

Vision Perfect Plan

Ameritas does not contract with any eye care providers; the majority of our Vision Perfect claims are submitted by the members themselves. There are no “in network” or “out-of-network” providers, per se.

7. Can a member purchase glasses or contact lenses from an out-of-network provider and submit a claim for reimbursement?

VSP Network

For VSP patients who choose to obtain services from other doctors, we keep it simple by allowing other doctors to contact us directly to check eligibility as well as submit claims directly to us under an assignment of benefits.

Or, if the patient prefers, they can pay the bill and easily submit for direct reimbursement by completing an online claim form and uploading pictures of their receipts on vsp.com.

EyeMed Network

For out-of-network services, members pay for all services at the point-of-care and submit an out-of-network claim form with receipts for reimbursement.

Vision Perfect Plan

Ameritas does not contract with any eye care providers; the majority of our Vision Perfect claims are submitted by the members themselves. There are no “in network” or “out-of-network” providers, per se.

8. Describe how your organization pays out-of-network providers when:
 - a. The provider submits the claim
 - b. The member submits the claim

VSP Network

For VSP patients who choose to obtain services from other doctors, we keep it simple by allowing other doctors to contact us directly to check eligibility as well as submit claims directly to us under an assignment of benefits. That way, your employees don't need to pay the entire bill up front; they simply pay any overage above the schedule of allowances, and we'll reimburse the scheduled amounts to the doctor directly. Or, if the patient prefers, they can pay the bill and easily submit for direct reimbursement by completing an online claim form and uploading pictures of their receipts on vsp.com.

For out-of-network reimbursements, VSP checks are mailed daily.

EyeMed Network

For out-of-network services, members pay for all services at the point-of-care and submit an out-of-network claim form with receipts for reimbursement.

Members can call our Customer Care Center or go to EyeMed's website to request/print an out-of-network claim form before receiving services. An out-of-network claim forms can be mailed, faxed or emailed to the member.

Next, the member will receive services, request an itemized paid receipt and submit claim form.

Once complete, a reimbursement check will be mailed directly to the subscriber.

Vision Perfect Plan

With Vision Perfect plans, members select the eye doctor of their choice, pay the doctor for the services provided, and submit their claims to Ameritas for reimbursement. Ameritas then issues reimbursement according to the maximum covered expense outlined in the plan. To determine covered service materials and materials guarantees, the member should consult with the service provider

9. If prior authorization is required to schedule an examination with a network provider, what is the average wait time for an appointment with your organization's Washington network providers?

VSP Network

VSP doesn't require members to follow a pre-authorization process. To ensure convenient access to the VSP plan, members can simply contact a VSP network provider to schedule an appointment. VSP and the doctor handle the rest. The group's employees can use their out-of-network reimbursement schedule at any doctor location without having to get pre-authorization.

EyeMed Network

EyeMed members do not need to obtain authorization. EyeMed provides a simple process for members to obtain services – for both independent providers and their extensive network of retail providers.

Vision Perfect Plan

No pre-authorization process is required for Vision Perfect members. The Vision Perfect Plan is an easy-to-administer plan based on maximum covered expense.

10. Complete Exhibit 1, County Coverage: Number of Contracted Providers by Provider Type, with the following information:

- Column “c”: the number of in-network ophthalmologists.
- Column “d”: the number of in-network optometrists.
- Column “e”: the number of in-network ophthalmologist and optometrist (those accounted for in columns c and d) offices that sell vision hardware (prescription lenses, frames, contact lenses) on site.
- Column “f”: the number of retail stores that sell vision hardware.

VSP Network

We have included VSP Exhibit 1 - County Coverage for your review.

EyeMed Network

We have included EyeMed Exhibit 1 - County Coverage for your review.

Vision Perfect Plan

Ameritas does not contract with any eye care providers, therefore there is no network, per se.

11. Provide a list of the States where your organization has contracted providers.

VSP Network

We have providers in all states.

EyeMed Network

See chart on next page.

EyeMed Network State	Total Providers	Locations
ALABAMA	822	371
ALASKA	28	16
ARIZONA	4819	570
ARKANSAS	491	239
CALIFORNIA	12283	3623
COLORADO	2236	530
CONNECTICUT	989	310
DELAWARE	580	104
FLORIDA	6708	1658
GEORGIA	2525	808
HAWAII	127	73
IDAHO	341	124
ILLINOIS	6988	1281
INDIANA	3608	786
IOWA	778	284
KANSAS	1147	324
KENTUCKY	2288	458
LOUISIANA	737	277
MAINE	291	95
MARYLAND	2149	451
MASSACHUSETTS	4352	840
MICHIGAN	4967	1103
MINNESOTA	1070	379
MISSISSIPPI	385	197
MISSOURI	2544	585
MONTANA	183	75
NEBRASKA	645	204
NEVADA	1069	230
NEW HAMPSHIRE	373	110
NEW JERSEY	2175	834
NEW MEXICO	376	103
NEW YORK	4553	1706
NORTH CAROLINA	3083	692
NORTH DAKOTA	98	51
OHIO	4500	1260

OKLAHOMA	531	285
OREGON	1338	360
PENNSYLVANIA	4504	1463
PUERTO RICO	252	156
RHODE ISLAND	431	96
SOUTH CAROLINA	1192	393
SOUTH DAKOTA	207	94
TENNESSEE	1742	548
TEXAS	5880	2096
UTAH	929	268
VERMONT	67	31
VIRGINIA	2682	749
WASHINGTON	946	332
WASHINGTON D.C.	174	44
WEST VIRGINIA	179	108
WISCONSIN	2042	491
WYOMING	80	31

Vision Perfect Plan

Because Ameritas does not contract with any eye care providers there is no network, per se.

12. Does your organization provide international coverage? If yes, please describe.

VSP Network

For more than 60 years, VSP has earned the reputation of providing quality administration and exceptional client service. To further support our clients, we have expanded globally. Our advanced administrative platform, VSP connexm, provides the technological advantage, flexibility and infrastructure to manage international efforts easily and efficiently.

Currently, we support vision care outside of the U.S. in the following countries:

- Australia – VSP established the only independent doctor network in Australia in 2013. We partner with several health funds to promote the quality and value of our network to their members.
- UK – VSP sells and supports group vision care in the UK. Through our provider network, we offer savings and preferred pricing to VSP members.
- Ireland – VSP sells and supports group vision care in Ireland. Additionally, we maintain a doctor network that offers value to VSP members through savings and preferred pricing.
- France – VSP has established a partnership offering direct to consumer optical plans through Kryss Group.

- Hong Kong – VSP has established a U.S. style vision plan including fully covered eye exams, prescription lenses, and frames or contact lenses.
- Singapore – VSP is establishing a U.S. style vision plan including fully covered eye exams, prescription lenses, and frames or contact lenses.

We can make taking care of your international employees easier and get them the quality eye care you're used to through VSP.

We also have VSP doctors in Puerto Rico. Your employees have the freedom to use their VSP out-of-network benefit at any location, in any country, including our VSP locations or any national or local chain store.

While our doctors offer the best coverage and value, we offer a generous out-of-network reimbursement schedule at ANY location – so your employees and their families can use their VSP benefit across the U.S. and around the world. Members incurring claims outside of the United States simply submit a reimbursement claim form online at vsp.com and upload pictures of their receipts. We will reimburse the member in accordance with the contracted out-of-network schedule of allowances.

EyeMed Network

We can receive and process international out-of-network claims, including acceptance of receipts in foreign languages and foreign currency. The claims reporting and adjudication process for the international claims is the same as the process for out-of-network claims. Members can receive services and then send an itemized receipt along with an out-of-network claim form to EyeMed. Once received, we will process the claim and reimburse the member. Member reimbursement checks are paid on a daily basis to ensure our members are paid promptly.

Processors convert the foreign currency into U.S. dollars in order to process the claim. All claim settlements are issued in U.S. currency and can be mailed to U.S. addresses, as well as Canada, Puerto Rico, or the U.S. Virgin Islands.

As a note, we employ translation services to assist members with questions about their claim.

Vision Perfect Plan

Because Ameritas does not contract with any eye care providers there is no network, per se. Members incurring claims costs outside the US may submit a claim form and they will be reimbursed according to the plan design. We convert the currency to U.S. dollars, based on the currency exchange rate on the date of service.

D. Customer Service

1. Does your organization have customer service centers dedicated to specific contracted clients? If not, would this be a possibility? If the answer to either question is yes, what are the minimum requirements that would make a contracted client eligible for a dedicated customer service center?

No, none of our vision service providers have dedicated customer service centers. The service model philosophy of each provider, for making this determination, is stated below.

VSP Network

We recommend our current service delivery model, which is having 500 US-based customer service employees dedicated to all of our customers. Every VSP customer service representative is empowered to address all inquiries and resolve them in a timely and effective fashion. We typically resolve 98% of all inquiries during the first contact, and guarantee an average speed of answer of 25 seconds or less.

Advanced technology is also a key component of our customer service. Our two award-winning call centers located in California and Ohio have 744 combined incoming lines to ensure that callers can get the assistance they need. We consistently achieve a call abandonment rate of 3% or less and a blockage rate of 2% or less. Furthermore, every customer service representative has immediate, online access to real-time, member-specific information and can respond quickly and efficiently to every inquiry with personalized service.

The efficacy of our model is confirmed by the Service Quality Measurement (SQM) Group Inc. Every year since 2002 to present, VSP Customer Service has consistently received a wide range of customer service awards from SQM. These include:

- Call Center of the Year
- Call Center World Class Call Certification
- Highest Customer Satisfaction by Industry: Insurance
- Highest Customer Satisfaction by Industry: Business to Business
- Highest Employee Satisfaction for the Call Center Industry
- Highest Employee Satisfaction for the Insurance Industry
- Most Improved Call Center Employee Satisfaction
- World Class Certified CSRs
- World Class Certified Supervisors

SQM is a leading North American call center industry research firm “voice-of-the-customer” expert for improving organizations’ first call resolution, operating costs, employee and customer satisfaction.

EyeMed Network

While the call center will not designate staff to be dedicated solely to a specific group, EyeMed is certain that they can meet and exceed your expectations. The team provides customer care to more than 140 million members and consistently meets and exceeds stringent performance levels such as an average speed of answer of less than 30 seconds and a 99% first call resolution rate. The team is dedicated to supporting only the vision plan.

By training all representatives on the plan, EyeMed provides faster and more accurate service to your employees. Members will have access to the longest agent-assisted customer care hours in the industry with EyeMed – 99 hours a week, 362 days a year.

- Customer Care Representatives are U.S. based and are 100% dedicated to answering EyeMed vision care questions.
- EyeMed's systems allow us to route calls based on skill level so that complex or escalated member and provider calls are forwarded to more experienced representatives.
- More than 140 million plan members are well served by a team that consistently meets or exceeds stringent performance levels such as an average speed to answer of less than 30 seconds and a 99% first call resolution rate.

Vision Perfect Plan

We have sufficient trunk lines to ensure that customers will not receive a busy signal when they call. In addition, an Integrated Voice Response unit (IVR) handles our incoming toll free numbers in the claims area. Our IVR gives members and dental providers access to claims and benefit information.

Everyone on the claims customer service team is trained to handle the specific contract provisions of the account. The customer doesn't have to wait for an assigned team member to handle their questions because all members of the team have been trained to assist. A manager and team leader from our Group Customer Connections and Operations area would be assigned to the client's account. Their roles would be to oversee the contact center and claims processing functions.

2. Does your organization have other dedicated staff for large contracted clients? If so, please describe.

In addition to the Sales Representative who is responsible for the installing and renewing of the plan, as well as participating in regular ongoing interaction with the client, a Field Customer Relations Managers (FCRMs) would also be assigned to the group.

The FCRM provides account management support and remains attentive to the benefit administrator's needs during plan implementation, ongoing administration and throughout the life of the plan. Our FCRMs are true customer

advocates who build strong, lasting relationships with clients, which helps them understand and anticipate the client's benefit needs. FCRMs are experienced liaisons between the customer and all areas of the company.

An implementation manager will oversee the implementation of the plan as part of the implementation team. The sales representative and FCRM will partner with the implementation manager, for the implementation needs.

As part of our implementation planning, the sales representative and implementation manager will work with the group to outline needs, establish firm dates and negotiate the timeline to meet your expectations.

The implementation manager will lead an internal operational team including representatives from Claims, Administration, Managed Care and Systems. The FCRM will participate in the implementation process and continue providing account support after the plan goes into effect.

3. Are your customer service centers specifically dedicated to either members or providers, or do they handle both?

VSP Network

VSP handles both members and providers in the same call center.

EyeMed Network

EyeMed's customer service center provides service for both members and providers within the same call center.

Vision Perfect Plan

Ameritas has separate call centers for member customer service and provider customer service so that the unique concerns for members and providers can be addressed by experts in each area. The call centers interact, however, to provide seamless service, if needed.

4. Are your customer service centers U.S. based? If so, where are they located? If they are not located in the U.S., where are they located?

Yes. For billing and administrative questions, the customer service office is located in Lincoln, Nebraska

VSP Network

All claims are paid and processed at our corporate headquarters:
3333 Quality Drive
Rancho Cordova, CA 95670.

EyeMed Network

All claims are processed in Mason, Ohio.

Vision Perfect Plan

Claims are processed in the Home Office in Lincoln, Nebraska, or our satellite claims offices, in Wayne, Nebraska or San Antonio, Texas.

4. Please provide your customer service hours, including time zone.

Billing and Administration customer service hours are: Monday through Thursday, 5:00 A.M. to 5:00 P.M. PT and Friday, 5:00 A.M. to 3:30 P.M. PT.

VSP Network

- Monday through Friday, 5 a.m. to 8 p.m. PT
- Saturday, 7 a.m. to 8 p.m. PT
- Sunday, 7 a.m. to 7 p.m. PT

You will also have 24/7 access to our toll-free Interactive Voice Response (IVR) system and website.

EyeMed Network**Pacific Time**

Monday – Saturday: 4:30 a.m. – 8:00 p.m.

Sunday: 8:00 a.m. – 5:00 p.m.

Vision Perfect Plan

Members can call us toll free, Monday through Thursday from 5:00 a.m. to 10:00 p.m. Pacific Time and Friday from 5:00 a.m. to 4:30 p.m. Pacific Time. An Integrated Voice Response unit (IVR) handles our incoming toll-free numbers in the claims area, and gives employees access to claims and benefit information.

5. How does your organization measure customer satisfaction, and how often is it measured? Provide any scores or results from the past two years.

Every month, we mail surveys to brokers with active business, insured members and policyholders (new, in-force and terminated) to measure levels of customer satisfaction and loyalty. Results are compiled on a semi-annual basis. Surveys are mailed under the name “Affinity Research,” which is the group division market research department. Respondents are able to complete the survey via the mail questionnaire or online.

For 2016, the overall opinion of policyholders about our group insurance was rated at 96% (out of 100%). The ease of doing business with us was also 96% and the likelihood of policy holders recommending Ameritas to others was 94%.

For 2017, the overall opinion of policyholders about our group insurance was rated at 95% (out of 100%). The ease of doing business with us was also 93% and the likelihood of policy holders recommending Ameritas to others was 92%.

6. How does your organization work with vision providers who submit claims for services that are not covered under your vision plan, but may be covered under the member's medical plan?

VSP Network

Coordination of Care with overlapping medical plan

Due to the nature of VSP's proposed routine vision care benefit, such overlap would not occur in most cases. However, in the few instances when this might apply, our preferred providers would typically communicate with the patient's Primary Care Physician (PCP) or specialist to determine the appropriate course of action and to coordinate benefits available under both the vision and medical plans. VSP's Provider Reference Manual outlines specific referral guidelines to which our preferred providers must adhere.

VSP encourages their preferred providers to establish strong partnerships with their patients' PCPs. Maintaining these relationships facilitate a cooperative approach to the management of each patient's eyecare needs. VSP's Provider Reference Manual outlines specific referral guidelines for cases when a vision examination reveals the likelihood of any medical conditions indicating referral to another practitioner.

EyeMed Network

All claims will be processed as primary. At this time, EyeMed does not Coordinate Benefits.

Vision Perfect Plan

There is no coordination of benefits provision in our contract.

E. Administration

1. How do members order vision hardware through your organization's online portal?

VSP Network

Eyeconic™, the online eyewear store for VSP members, allows your employees to purchase glasses, sunglasses and contact lenses from the convenience of their homes, 24/7. Eyeconic will meet the demands of your employees who prefer to shop online by offering:

- thousands of designer frames and the most popular brands of contact lenses;
- purchasing with vision insurance if you participate in Eyeconic;
- free shipping;

- 25-point quality control inspection of prescription glasses by a licensed optician;
- active Rx verification for all glasses orders; and
- thousands of styles of fashionable glasses and sunglasses at 20% off;
- complimentary fitting and adjustment at a VSP practice;
- more than 100 types of contact lens products;
- exclusive member savings;
- virtual try-on;
- safe, secure transactions.

The average turnaround on standard shipping is two business days.

EyeMed Network

When our members order replacement contact lenses at contactsdirect.com, upon the prescription release, the requested lenses will be conveniently and immediately shipped to the member's home. Most orders will be delivered within 48 hours and 90% of orders ship within 24 hours. Overnight and rush delivery are available for an additional charge.

Vision Perfect Plan

At this time, the Ameritas Vision Perfect Plan does not offer a mail order program.

2. What documents can a member upload to the online portal?

Our system does not support uploading of documents.

3. Can your organization receive premium payments directly from a member?

No

4. Please answer the following hypothetical questions regarding implementation, assuming HCA is a new client:
 - a. After being provided with a HIPAA 834 eligibility file, on average how long would it take to collaborate to build the group structure framework and data layouts, assuming there are six (6) subgroups (Reference Exhibit 2 – Group Structure Example)?

Typically, once we receive an EDI request it takes 2 days to get the TPA the file format info and SFTP login credentials.

We can receive eligibility electronically via an email attachment or sent to a secure server. Frequency is based on the size of the case and the volume of employee status changes. We can also accept files from Third Party Administrators (TPAs), if requested. Data must be formatted to be loaded directly into our system.

- b. After completion of the group structure framework and data layouts, on average how long would it take to program the groups into your organization's IT systems?

The group will already be set up in our system at the point that work with the enrollment files commence and if our file format is used, there is no additional set up needed.

- c. After completion of the programming, on average how long would it take your organization to test?

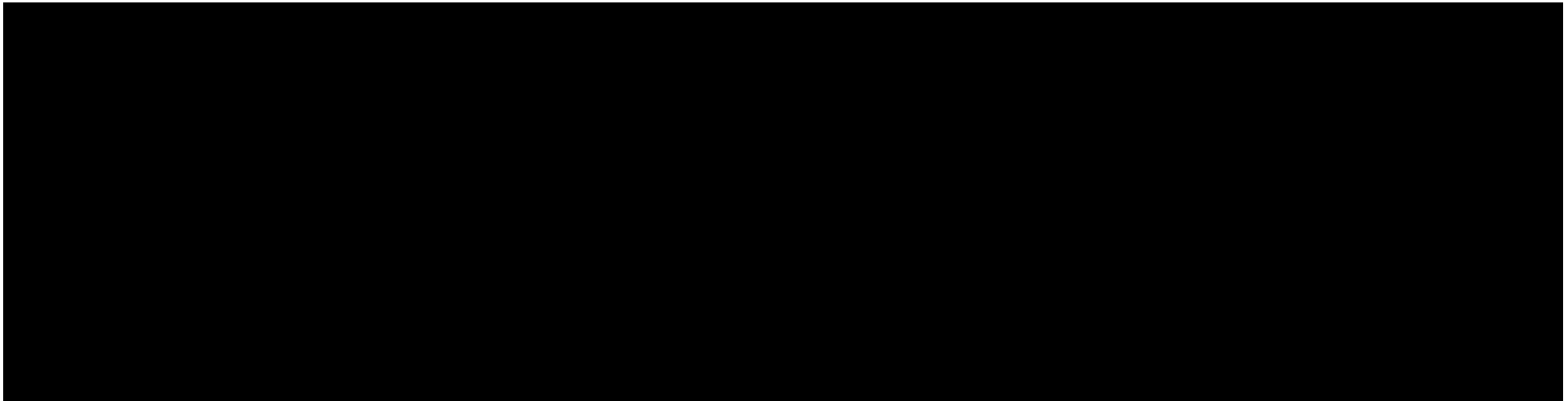
Initial testing time can vary. Depending on the quality of the test files and any errors discovered, the total testing time, from start to finish, can take 2-4 weeks, but typically does not require that much time.

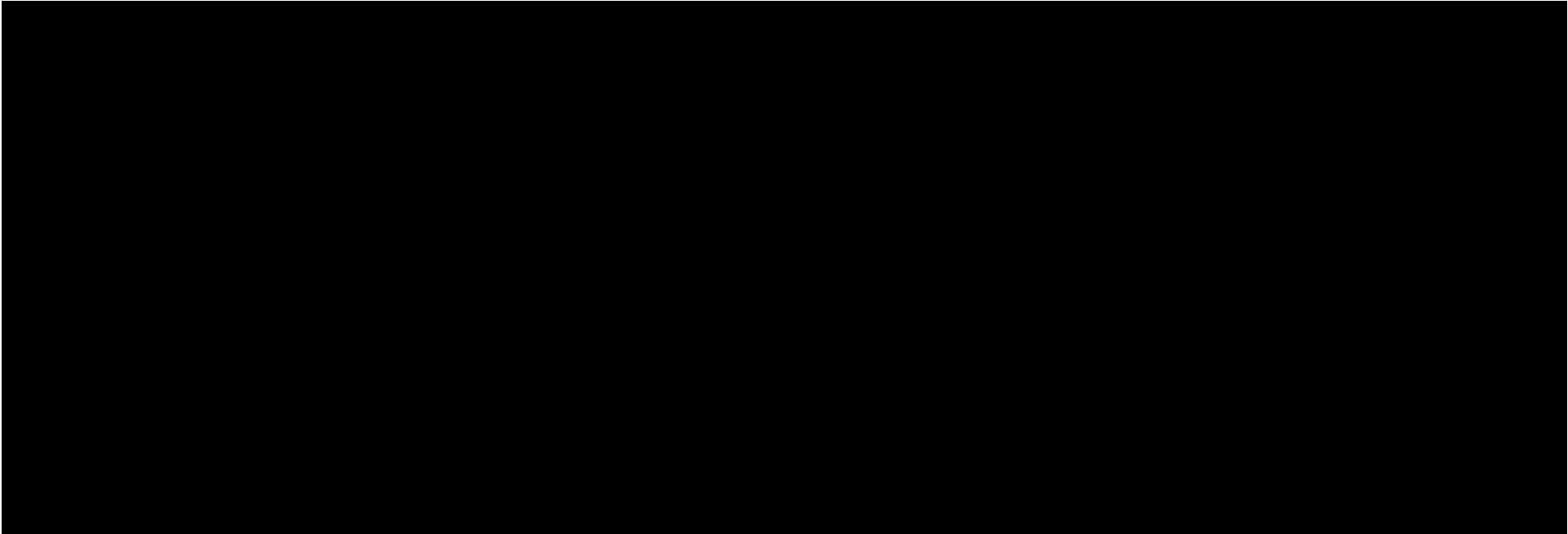
To ensure on-going accuracy, we compare, field-by-field, the files we receive with the information we have on our eligibility system. We compare all elements on the group's file to make sure our information matches up to the information they send. Discrepancy reports are generated for us if we have records that no longer appear on their file, if eligibility cannot be automatically updated with the file, or if the group's file has missing information that may be causing problems with the transmissions. If we cannot load their file, we will contact the group immediately.

We create errors by record, allowing the Policyholder and Customer Service Representative to address any critical issues. We also generate reports so that we can address items that did not cause an error, but should be investigated further.

F. Miscellaneous

1. What feedback or advice do you have for HCA as it considers procurement of a group vision insurance plan?



- 
2. Please provide contact information (name, email, and phone number) for staff that HCA can follow up with for questions pertaining to this RFI.

Todd Whitehill, Regional Group Manager
1904 Third Ave., Suite 425
Seattle, WA 98101
206.838.7500
twhitehill@ameritas.com



Please see the attachment tab on the left side to view the Vision Network Comparison – EyeMed vs VSP.



Please see the attachment tab on the left side to view the VSP Exhibit 1 – County Coverage.



Please see the attachment tab on the left side to view the EyeMed Exhibit 1 – County Coverage.

the 'information' and 'communication' fields. The 'information' field is defined as:

...the study of the processes of information production, distribution, access, use and evaluation, and the study of the social, cultural, economic and political contexts in which these processes take place. (p. 10)

The 'communication' field is defined as:

...the study of the processes of communication production, distribution, access, use and evaluation, and the study of the social, cultural, economic and political contexts in which these processes take place. (p. 10)

The 'information science' field is defined as:

...the study of the processes of information production, distribution, access, use and evaluation, and the study of the social, cultural, economic and political contexts in which these processes take place. (p. 10)

The 'information studies' field is defined as:

...the study of the processes of information production, distribution, access, use and evaluation, and the study of the social, cultural, economic and political contexts in which these processes take place. (p. 10)

The 'information technology' field is defined as:

...the study of the processes of information production, distribution, access, use and evaluation, and the study of the social, cultural, economic and political contexts in which these processes take place. (p. 10)

The 'information systems' field is defined as:

...the study of the processes of information production, distribution, access, use and evaluation, and the study of the social, cultural, economic and political contexts in which these processes take place. (p. 10)

The 'information management' field is defined as:

...the study of the processes of information production, distribution, access, use and evaluation, and the study of the social, cultural, economic and political contexts in which these processes take place. (p. 10)

The 'information policy' field is defined as:

...the study of the processes of information production, distribution, access, use and evaluation, and the study of the social, cultural, economic and political contexts in which these processes take place. (p. 10)

The 'information law' field is defined as:

...the study of the processes of information production, distribution, access, use and evaluation, and the study of the social, cultural, economic and political contexts in which these processes take place. (p. 10)



dual or triple choice vision plans for 100 – 1,000 eligible lives

People want a choice, not one-size-fits-all. Your employees will appreciate the freedom to decide which vision plan is right for them.

Dual or Triple Choice

- Available for groups with 100 - 1,000 eligible lives
- Policyholders can select two or three plan options for members; see Vision Perfect®, ViewPointe® and Focus® materials
- Available for voluntary Section 125 business and contributory plans
- Enrollment in all plans must meet the minimum participation requirements quoted
- Frequency limits must be the same on all plans
- Employees and their eligible dependents must enroll in the same plan
- Plans must cover exam and materials or materials only
- Members can change coverage during the annual election period; however, if members terminate coverage, they must wait until the next annual election period to re-enroll for coverage
- Not available with the Ameritas FUSION plan or an Ameritas dental plan that includes an eye exam benefit
- Refer to the proposal for benefits and limitations regarding each plan

Dual and Triple Choice plan options and provisions are available in most states.

Your Ameritas representative will be happy to provide more information.



This information is provided by Ameritas Life Insurance Corp. [Ameritas Life]. Group dental, vision and hearing care products [9000 Rev. 03-08, dates may vary by state] and individual dental and vision products [Indiv. 9000 Ed. 11-09] are issued by Ameritas Life. Some plan designs are not available in all areas. Some states require that producers be appointed with Ameritas Life before soliciting its products. To become appointed with Ameritas Life, please call 800-659-2223. Most plans for groups with 25 or more enrolled lives are administered by Ameritas Life. Billing and eligibility for most plans with 25 or fewer enrolled lives are provided by HealthPlan Services, Inc.

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Better Provider Choices

Looking for a network that offers true freedom of choice in providers and eyewear, while lowering out-of-pocket costs for your employees? **VSP® Vision Care has you covered.**

VSP Network Providers

Your employees can choose their provider from 71,000 access points, including the largest national network of independent doctors and nearly 4,500 participating retail chain locations.

- Special savings for lowest out-of-pocket costs.
- Extra \$20 to spend on featured frame brands like **Anne Klein, bebe®, Calvin Klein, Flexon®, Lacoste, Nike, and Nine West.**

VSP Doctors

- 94% offer early morning, evening and weekend appointments. 24-hour access to emergency care.
- Integrated medical management with our Eye Health Management Program.®



71,000
ACCESS POINTS

Participating Retail Chains

Your employees get the convenience of popular retail chains like these and more.



Eyeconic™

Employees can use their out-of-network allowances to shop designer frames plus the most popular contacts at **eyeconic.com®**, the online eyewear store for VSP members.



Direct Pay Convenience

It's simple for your employees to use their out-of-network VSP benefits at Walmart® and Sam's Club®. Employees say, "I have VSP," and we do the rest. Hundreds of frames are covered-in-full.



Give your employees **better provider choices with VSP.**

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JOB#21646CL 6/15



Keep your eyes healthy
with VSP® Vision Care.

As a member, VSP puts you first by investing in the things you value most—high-quality vision care at the best value. Because we're the only national, not-for-profit vision care company, you can trust that we'll always put your wellness over profit.



Regular eye exams are important.

With VSP you get the highest level of care, including a WellVision Exam®—the industry's most thorough eye exam, designed to detect signs of health conditions like diabetes and high blood pressure.

Using your VSP benefit is easy.

- **Receive eyecare and eyewear at the location that's right for you.** Visit a VSP doctor or any other provider. With the best choice in eyewear, it's easy to find a frame that's right for you and your budget. Choose from great brands like bebe®, ck Calvin Klein, Flexon®, Lacoste, Michael Kors, Nike, Nine West, and more. To find a VSP doctor who carries your favorite brands, visit vsp.com.
- **Review your benefit information.** Before your appointment, visit vsp.com or call 800.877.7195 to review your benefit information and Exclusive Member Extras like special offers and rebates.
- **At your appointment, tell them you have VSP.** There's no ID card necessary.

That's it! We'll handle the rest—there are no claim forms to complete when you see a VSP doctor.

See why we're consumers'
#1 choice in vision care.*

Satisfaction Guarantee

If you're not 100% happy with the eyecare and eyewear you receive from a VSP doctor, we'll make it right.

*Ipsos National Vision Plan Member Research, 2012

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VSP Laser VisionCare ProgramSM

With the VSP Laser VisionCare Program, you'll enjoy a safe and successful path to improved vision. In addition to fully covered visits before and after your procedure to your VSP[®] LaserVision Care doctor, you'll get special pricing on services from a VSP-contracted laser center.



Enjoy Discounted Pricing¹

We have negotiated special pricing with participating centers, which can add up to hundreds of dollars in savings for VSP members. Contact the centers near you to learn more about their pricing.

How to Use Your Benefit

- 1 Start with a visit to vsp.com to learn what to expect at your procedure. You can also find a Laser VisionCare doctor and confirm your eligibility
- 2 Next, make an appointment with a participating VSP doctor to schedule a complimentary screening. If you're a good candidate for laser surgery, your VSP doctor will provide pre-operative care and make arrangements with a VSP-contracted laser vision center to coordinate your surgery and co-manage your treatment plan.²
- 3 Then, visit the contracted VSP laser vision center for your procedure. Each center is chosen carefully based on certification, technology, and specialization in the delivery of laser vision correction.
- 4 Lastly, return to your VSP doctor for post-operative care and ongoing management of your eyes and vision. You may be able to use your VSP frame benefit for non-prescription sunglasses to protect your new corrected vision from the sun. Ask your VSP doctor for details.

Visit vsp.com or call **800.877.7195** to see if you're eligible, and to locate a VSP Laser VisionCare doctor for a complimentary screening.



1. The VSP Laser VisionCare Program is a discount plan only. Discounts only apply to services received from a VSP participating laser center. No monetary benefits are payable to members under this program. 2. The laser vision correction screening and consultation with your VSP Laser VisionCare doctor are complimentary. If you have a preoperative exam and don't proceed with the procedure, your VSP doctor may charge an exam fee up to \$100.

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ViewPointe® Featuring the EyeMed VisionCare Access and Select Networks

We're here to make life easier for you and your employees. So we created a complete vision plan that features the EyeMed VisionCare Access and Select nationwide networks. Now your employees can have convenient care that fits in their busy lives.

EyeMed Vision Providers

This plan features EyeMed, one of the nation's largest vision care provider networks, with thousands of private practitioners and leading optical retailers.

- EyeMed's Access network includes 60,000 EyeMed providers nationwide at more than 25,000 locations.
- EyeMed's Select network includes 50,000 EyeMed providers nationwide at more than 21,000 locations.

LENSCRAFTERS®

PEARLE VISION®

OPTICAL

Sears
Optical

JCPenney
jcp.com

PRIVATE PRACTITIONERS

Valuable Discounts

In addition to the money-saving EyeMed Access and Select network discounts, plan members save with the Additional Purchase Plan (automatically included). They also get discounts on LASIK and PRK through the U.S. Laser Vision Network.

Options

- Materials-Only Plans
- Voluntary Plans
- Fully insured for 10+ enrolled employees
- ASO [Administrative Services Only] for 250+ enrolled employees

Ameritas® 
fulfilling life.

Benefits Example—EyeMed Access Network

Vision Services	Plan A - Allowance		Plan H - Allowance	
	EyeMed Access Network	Out-of-Network	EyeMed Access Network	Out-of-Network
Annual Eye Exam	covered in full	\$35	covered in full	\$35
Frame/Contacts	\$100/\$80	\$45/\$64	\$100/\$115	\$45/\$92
	\$130/\$100	\$65/\$80	\$130/\$130	\$65/\$104
			\$150/\$150	\$75/\$120
			\$180/\$180	\$90/\$144
	contact lens allowance for materials only—not to be applied to fit and follow-up			
Contact fit/follow-ups				
Standard	covered in full	\$40	member cost not to exceed \$55	not covered
Premium <i>(defined below)</i>	\$55 + 10% off retail	\$40	10% off retail	not covered
Single Vision Lenses	covered in full	\$25	covered in full	\$25
Bifocal Lenses	covered in full	\$40	covered in full	\$40
Trifocal Lenses	covered in full	\$55	covered in full	\$55
Lens Options	<u>member cost</u>		<u>member cost</u>	
Ultraviolet Coating	\$15	not covered	\$15	not covered
Tint (solid or gradient)	\$15		\$15	
Scratch Resistant	\$15		\$15	
Polycarbonate	\$40		\$40	
Standard Progressive <i>(add-on to bifocal)</i>	\$65		\$65	
Anti-Reflective Coating	\$45		\$45	
Other Add-Ons	20% off retail		20% off retail	

- Exam/Eyeglass lenses deductible options are \$0/0, \$0/10, \$0/20, \$10/0, \$10/10, \$10/20, \$10/25, \$15/15, \$20/20 or \$25/25.
- Eyeglass lenses and contact lenses are not both available in the same 12- or 24-month period.
- Frequencies for Exam-Lenses-Frame are 12-12-12, 12-12-24 or 12-24-24 months.
- With EyeMed providers, receive 15% off a remaining balance in excess of the allowance for conventional contacts, and 20% off a remaining balance in excess of the frame allowance.
- Standard contact fitting refers to spherical clear contact lenses, conventional wear, frequent replacement, disposables.
- Premium contact fitting refers to all lens designs/materials/specialty fittings [other than Standard], toric, multifocal.
- Benefits shown presume plan deductibles have been met. Also, benefits shown are not applicable in ME, MD or MA. In these states, please contact your Ameritas sales representative for current information.

Benefits Example—EyeMed Select Network

Vision Services	Plan A - Allowance		Plan H - Allowance	
	EyeMed Select Network	Out-of-Network	EyeMed Select Network	Out-of-Network
Annual Eye Exam	covered in full	\$30	covered in full	\$30
Frame/Contacts	\$100/\$80	\$45/\$64	\$100/\$115	\$45/\$92
	\$130/\$100	\$65/\$80	\$130/\$130	\$65/\$104
			\$150/\$150	\$75/\$120
			\$180/\$180	\$90/\$144
	contact lens allowance for materials only—not to be applied to fit and follow-up			
Contact fit/follow-ups				
Standard	covered in full	\$40	member cost not to exceed \$40	not covered
Premium <i>(defined below)</i>	\$40 + 10% off retail	\$40	10% off retail	not covered
Single Vision Lenses	covered in full	\$25	covered in full	\$25
Bifocal Lenses	covered in full	\$40	covered in full	\$40
Trifocal Lenses	covered in full	\$55	covered in full	\$55
Lens Options	<u>member cost</u>		<u>member cost</u>	
Ultraviolet Coating	\$15	not covered	\$15	not covered
Tint (solid or gradient)	\$15		\$15	
Scratch Resistant	\$15		\$15	
Polycarbonate	\$40		\$40	
Standard Progressive <i>(add-on to bifocal)</i>	\$65		\$65	
Anti-Reflective Coating	\$45		\$45	
Other Add-Ons	20% off retail		20% off retail	

- Exam/Eyeglass lenses deductible options are \$0/0, \$0/10, \$0/20, \$10/0, \$10/10, \$10/20, \$10/25, \$15/15, \$20/20 or \$25/25.
- Eyeglass lenses and contact lenses are not both available in the same 12- or 24-month period.
- Frequencies for Exam-Lenses-Frame are 12-12-12, 12-12-24 or 12-24-24 months.
- With EyeMed providers, receive 15% off a remaining balance in excess of the allowance for conventional contacts, and 20% off a remaining balance in excess of the frame allowance.
- Standard contact fitting refers to spherical clear contact lenses, conventional wear, frequent replacement, disposables.
- Premium contact fitting refers to all lens designs/materials/specialty fittings [other than Standard], toric, multifocal.
- Benefits shown presume plan deductibles have been met. Also, benefits shown are not applicable in ME, MD or MA. In these states, please contact your Ameritas sales representative for current information.

EyeMed members will want to create a secure member account at ameritasgroup.com for access to their network's list of participating providers. When making an appointment, and prior to receiving services, members need to confirm that the provider they've chosen is currently participating in the network, and inform the provider of their EyeMed coverage.



This information is provided by Ameritas Life Insurance Corp. [Ameritas Life]. Group dental, vision and hearing care products [9000 Rev. 03-06, dates may vary by state] and individual dental and vision products [Indiv. 9000 Ed. 11-09] are issued by Ameritas Life. Some plan designs are not available in all areas. Some states require that producers be appointed with Ameritas Life before soliciting its products. To become appointed with Ameritas Life, please call 800-659-2223. Most plans for groups with 26 or more enrolled lives are administered by Ameritas Life. Billing and eligibility for most plans with 25 or fewer enrolled lives are provided by HealthPlan Services, Inc.

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A regular eye exam means more than getting an updated prescription for glasses or contacts. It is an important tool in detecting the first signs of serious health conditions including glaucoma, cataracts, diabetes and hypertension.

Since early detection is the best path to effective treatment, regular eye exams play a vital role in ensuring the health of your eyes and body.

Thank you for
choosing EyeMed
as your vision
care provider.

For More Information

- Call EyeMed's Customer Care Center
1-866-289-0614
- Refer to your plan certificate
- Contact your company's benefits representative
- Visit the EyeMed website at
www.eyemedvisioncare.com



EyeMed Customer Care Center
1-866-289-0614

This brochure is an overview of your EyeMed Vision Care benefit. Please consult with your Benefits Administrator for questions or contact the EyeMed Customer Care Center.

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**EyeMed
Vision Care®**



EyeMed Vision Providers

EyeMed's vision professionals are dedicated to preserving your vision while making it convenient for you to receive quality vision care.

Using Your EyeMed Benefit Is Easy

Once you enroll, here's how to access your benefit:

- Locate the EyeMed providers most convenient for you by calling our Customer Care Center or visiting www.ameritasgroup.com.
- Schedule an appointment and verify the provider participates. When making the appointment, tell the office that you are an EyeMed member and provide your name, member ID and insurance company name.
- When you arrive, again identify yourself as an EyeMed member and present your ID card.
- Your EyeMed provider will take care of the rest.

EyeMed Offers

- Great savings on eye examinations, contact lenses, frames, lens options and accessories.
- Plans include discounts on LASIK and PRK procedures through the U.S. Laser Vision network.
- Your choice of thousands of ophthalmologists, optometrists and opticians.
- Most locations are open evenings and weekends to accommodate busy lifestyles.
- Customer Service Representatives are available to answer your questions seven days a week, including evenings.
- Easy-to-use benefits, with no claim forms to complete for in-network services.
- Access to thousands of providers nationwide, including private practitioners and leading optical retailers.

LENSCRAFTERS™

PEARLE VISION™

OPTICAL™

Sears
Optical

JCPenney
jcp.com

PRIVATE PRACTITIONERS

ID Cards

You will receive your Ameritas Vision ID card with your certificate of insurance coverage. To receive benefits, simply present the card to the EyeMed provider of your choice to easily identify yourself as an EyeMed member. A unique member ID number is created especially for you. If you have questions about your ID card, or if you need to request a new card, please contact your employer.

Claim Form

With EyeMed Vision Care, you do not need to obtain a claim form for the in-network services. Simply tell your provider you are an EyeMed member when you make your appointment or visit a participating provider location. Present your ID card to easily identify yourself as an EyeMed member.

If your plan offers out-of-network reimbursements, you will be required to pay the provider in full at the time of service, and then submit a claim with receipts for reimbursement. To obtain an out-of-network claim form, please contact our Customer Care Center at 1-866-289-0614 or visit the EyeMed website at www.eyemedvisioncare.com.

Access Your PRK or LASIK Discount

Plans include discounts on LASIK and PRK procedures through the U.S. Laser Vision Network, which is administered by LCA-Vision. The discount is not part of your funded benefits.

If your plan includes a PRK or LASIK discount, please follow these steps:

1. Call the U.S. Laser Network at 1-877-552-7376 to find the laser correction provider most convenient for you.
2. Schedule a consultation with the provider. When making the appointment, tell the office that you are an EyeMed member.
3. During your consultation, you and your provider will determine whether or not you are a good candidate for the procedure.
4. If you choose to proceed with treatment, call the U.S. Laser Network again at 1-877-552-7376 to request an authorization for your discount. A refundable deposit will also be requested at this time. The authorization will be sent to you and the laser provider.
5. Schedule your procedure. After your appointment be sure to follow all post-operative instructions carefully.

Lens Options—The Choice is Yours

You can choose from many different lenses and lens options for your frames at participating EyeMed provider locations. Here are just a few of the lens options you may find at participating provider locations:

- **Scratch-Resistant Coating:** When scratches are present on your lenses, they may distort or interfere with your vision. This protective coating is added to the lens surface to protect it from normal scratches as a result of everyday mishaps. It's a great way to extend the life of your eyewear.
- **Ultra Violet (UV) Protection:** UV rays can be generated from the sun or other light sources. With enough exposure to these light rays, there could be an increased risk of cataracts and macular degeneration. UV protection helps prevent these rays from harming the eye.
- **Anti-Reflective (AR) Coating:** This coating reduces the amount of light that reflects off the lenses. These lenses can be particularly helpful for driving at night, when reflections on your lenses may be greater than daylight driving conditions. AR coating also enables people to see your eyes more clearly, as opposed to seeing the reflection off your lenses.

Start by Locating Your EyeMed Provider

When you choose a provider in the EyeMed network, you get the most value from your vision benefit, and you can choose from a wide variety of frames to fit your lifestyle.

To verify that your eye doctor is an EyeMed provider, or to locate an EyeMed provider:

- Visit www.ameritasgroup.com
- Call EyeMed Customer Care Center 1-866-289-0614

EyeMed
VISION CARE.



Vision Perfect[®] benefits enrollment

You have the opportunity to enroll in a valuable benefits program.

Benefits and Savings

Vision Perfect's flat annual maximum provides you with a \$ per calendar-year benefit to spend at any vision provider. Plus, you can save up to 15% off eyewear frames and lenses purchased at any Walmart Vision Center nationwide. Just pay for your unlimited materials, and Ameritas will reimburse you up to your set annual vision dollar amount (shown above).

Key Features

- Allows you the freedom to choose how to spend your vision benefit dollars.
- Your prescription glasses and/or contacts are reimbursed up to your set annual vision dollar amount.
- Save up to 15% off eyewear frames and lenses purchased at any Walmart Vision Center nationwide.
- Pay the provider at the time of services, then submit a claim to Ameritas for reimbursement.
- Members must submit a claim to Ameritas for reimbursement within 90 days (or longer in certain states) as described in your policy.



Frequently Asked Questions

Q. How often may I receive vision services?

Because there are no frequency limitations with this Vision Perfect plan, you may use your set annual vision dollar amount for covered vision procedures such as frames, prescription lenses and contacts.

Q. Do I need to complete a claim form?

Yes. You will pay the provider for services, then file a claim to Ameritas for reimbursement. Ask your provider to complete Ameritas Vision Claim Form GC314 available from ameritasgroup.com, so you can send it in for reimbursement. The claims filing address is:

Ameritas Life Insurance Corp.
P.O. Box 82520 / Lincoln, NE 68501-2520
Fax 402-467-7336

Q. May I take advantage of coupons/special offers from retail locations?

Yes. With Vision Perfect, you may take advantage of special offers, promotions or coupons. Ameritas will reimburse you for all covered vision expenses up to your set annual vision dollar amount—even if you take advantage of “buy one get one free” offers. Save up to 15% off eyewear frames and lenses purchased at any Walmart Vision Center nationwide.

Q. What are some of the cosmetic options I may expect to pay for myself?

Lens options such as ultra-violet coating, scratch-resistant coating and tinting are not reimbursable under this Vision Perfect plan.

Q. What type of contact lenses may I purchase through Vision Perfect?

All contact lenses containing a prescription, including disposables, are reimbursable up to your set annual vision dollar amount.

Q. Why should I have my eyes examined every year?

Comprehensive eye exams are essential for detecting vision problems and are an important preventive measure for maintaining overall health and wellness. Comprehensive exams include case history, visual system evaluation (eye health), refractive evaluation (vision correction), binocular evaluation (eyes working together), and an assessment, diagnosis and treatment plan. In fact, a comprehensive eye exam can detect a number of serious medical conditions such as glaucoma, cataracts, diabetes and even cancer.

Ameritas Customer Relations
(Vision Perfect benefits/claims)
800-255-4931



This information is provided by Ameritas Life Insurance Corp. [Ameritas Life]. Group dental, vision and hearing care products [9000 Rev. 03-06, dates may vary by state] and individual dental and vision products [Indiv. 9000 Ed. 11-09] are issued by Ameritas Life. Some plan designs are not available in all areas. Some states require that producers be appointed with Ameritas Life before soliciting its products. To become appointed with Ameritas Life, please call 800-659-2223. Most plans for groups with 26 or more enrolled lives are administered by Ameritas Life. Billing and eligibility for most plans with 25 or fewer enrolled lives are provided by HealthPlan Services, Inc.

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Vision Perfect® Benefit Guide

Plan Overview

Vision Perfect is a vision product offered by Ameritas.

Completion Of Claim Form

Part 1: The member should complete the requested information. If the information requested in a section does not apply, the member should mark the "NO" box. Failure to complete any section could result in a delay in processing the claim until the requested information is received.

#13: The member needs to sign this section in order to authorize payment directly to the provider. The member may also indicate that the payment is not to go to the provider.

Part 2: This entire section is completed by the provider. Instructions to the provider for completing this section are included on the claim form.

#25: The provider's signature is required to certify the listed services were performed on the dates indicated. Vision claims and pretreatment estimates can be mailed or faxed to:

Ameritas Life Insurance Corp.
Group Claims Department
P.O. Box 82595
Lincoln, NE 68501
Fax: 402-467-7336

Note: The claim form is included and may be duplicated as needed. A copy of the form may also be obtained from our website, ameritasgroup.com, under the "Forms" section. We accept any standard claim form as submitted by the provider. Members may also contact our claims department for faxed copies at 800-487-5553.

How To Use The Benefits

1. A claim form is included with this benefit guide and may be duplicated as needed. A copy of the form may also be obtained from our website, ameritasgroup.com, under the "Forms" section. Your provider may use his/her own claim form.

2. The provider may or may not require you to pay the bill up front. If full payment is requested at the time of the visit, claim reimbursement can be assigned to the member.

3. For questions relating to specific insurance benefits please contact Ameritas customer service at 800-487-5553.

4. Your insurance plan may also include a discount program, please check availability in your state. The discount program is provided through EyeMed.

5. To take advantage of the discount, you may get a list of EyeMed participating providers by calling 866-559-5252, or you may locate a provider online at ameritasgroup.com.

6. When you use an EyeMed participating provider, you will receive discounts on exams, frames, lenses, contacts and even laser vision correction. The discount program is not insurance. It simply means the price the provider charges for a procedure is offered at a discount. Ameritas still reimburses according to the plan provisions.

The offered discount simply reduces the out of pocket expense owed the provider after the insurance reimbursement has been paid. As always you have the freedom to see the provider of your choice.

7. Claim forms can be mailed or faxed to:

Ameritas Life Insurance Corp.
Group Claims Department
P.O. Box 82595
Lincoln, NE 68501
Fax: 402-467-7336

tips

how to speed claims processing

part 1 – employee

Missing or incomplete information will slow down claims processing. To avoid this, please be sure to include:

#2 Patient birthdate

Helps identify an insured and determine dependent eligibility.

#6 Employee's identification number

This is the most important identifier for the plan member.

#8 Student status

Because this information often changes, it is required on every claim for dependents age 19 years and older.

#11 and #12 Coordination of benefits

The No box under #11 should be checked if no other vision coverage exists. If there is other vision coverage, the additional information requested is necessary for coordination of benefits.

#21 and #22 LASIK/PRK

If LASIK or PRK, please make sure your vision provider marks the Yes box under #21, and includes description of services, procedure code, which eye (left, right or both), and the fee for each eye in the Examination and Treatment Record.

part 2 – vision provider

To help expedite the claims process, please be sure to include:

#16 National Provider Identifier

There are two types of NPI. Type 1 is for individual providers who operate independently. Type 2 is for health care providers such as group practices or corporations. Type 2 organization providers may want their individual provider employees to have Type 1 NPIs to distinguish them individually.

#20 Statement of actual services, or Pretreatment estimate

Appropriate box should be marked to ensure correct handling.

NOTE: If there are two different providers (one for the exam, another for eyewear), we request that each provider submit a separate claim form.

abbreviations	
VE	vision exam
FR	frame
SV	single vision lenses
BI	bifocal lenses
TR	trifocal lenses
LE	lenticular lenses
PP	progressive lenses
CD	contacts
CN	necessary contacts
CC	cosmetic contacts

pretreatment estimate of benefits

We recommend a pretreatment estimate of benefits when a plan member considers the services to be expensive.

A pretreatment estimate lets both the member and vision provider know in advance how much insurance will pay. If vision coverage terminates for any reason during treatment, only procedures performed before coverage ended will be eligible for payment.

For full information regarding coverage, plan members may refer to their insurance plan booklet.

website

Visit our website for benefit information, electronic forms, a list of vision providers if your plan includes a network, and more. Please note, the free software Adobe Reader® (available through the internet) is needed to view and print the electronic forms.

vision

group claim form

Group Claim Office / P.O. Box 82520 / Lincoln, NE 68501-2520
Toll Free 800.255.4931 / Fax 402.467.7336 / Web ameritasgroup.com



PART 1 – TO BE COMPLETED BY EMPLOYEE

1. Patient's full name (first, middle initial, last)		2. Patient birthdate (MM/DD/YY)		3. Relationship to employee <input type="checkbox"/> self <input type="checkbox"/> spouse <input type="checkbox"/> child <input type="checkbox"/> other		4. Sex <input type="checkbox"/> M <input type="checkbox"/> F	
5. Employee's full name (first, middle initial, last)		6. Employee's identification number		Employee's birthdate (MM/DD/YY)			
7. Employee's mailing address (Street address or P.O. Box, City, State, ZIP)		8. THIS SECTION MUST BE COMPLETED WITH EACH CLAIM SUBMISSION ONLY IF THE CLAIM IS FOR A DEPENDENT CHILD AGE 19 OR OVER Is patient a full-time student? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, name and address of school					
9. Employer (company) name and address		10. Group number		Division number		Certificate number	
QUESTIONS 11 AND 12 MUST BE COMPLETED WITH EACH CLAIM SUBMISSION							
11. Is patient covered by another vision plan? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name and address of other carrier		Policy number		Name and address of other employer	
12. Other employee/subscriber name		Employee/subscriber identification number		Date of birth (MM/DD/YY)		Relationship to patient	
13. I have reviewed the following treatment plan, and I authorize release of any information relating to this claim. I understand that I am responsible for all cost of treatment. I certify these statements to be true and complete to the best of my knowledge.				14. I hereby authorize payment directly to the below named provider of group insurance benefits otherwise payable to me.			
X Signature (patient, or parent if minor) _____ Date _____				X Signature (insured person) _____ Date _____			

PART 2 – TO BE COMPLETED BY ATTENDING VISION PROVIDER.

15. Vision provider name and mailing address		For Yes answers to questions 17-19, enter a brief description and date.	
		17. Is treatment result of occupational illness or injury? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		18. Is treatment result of auto accident? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Specialty	Phone number	19. Other accident? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Email	Fax number	20. This is a (please check one): <input type="checkbox"/> Statement of actual services <input type="checkbox"/> Pretreatment estimate	
16. Federal tax ID number <input type="checkbox"/> SSN <input type="checkbox"/> TIN	NPI (National Provider Identifier)	21. Is this for LASIK/PRK? <input type="checkbox"/> Yes <input type="checkbox"/> No	
License #			

22. EXAMINATION AND TREATMENT RECORD Please include date of service, description of services, procedure code and fee.

Date service performed (MM/DD/YY)	Description of services	CPT/HCPCS procedure code	Diagnosis code	LASIK PRK	Left eye	Right eye	Fee

23. Remarks	24. Total \$
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25. CERTIFICATION: I hereby certify that the services listed above have been performed on the dates indicated and that the fees submitted are the fees I have charged and intend to collect for those purposes.

X
Signature (Provider) _____ Date _____

26. Address where treatment was performed

fraud warning statements

Alabama: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

Alaska: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Arizona: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Arkansas: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

California: For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

Delaware: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

District of Columbia: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida: Any person who knowingly, and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Georgia: Any person who, with intent to defraud or knowing that he is facilitating a fraud against insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

Idaho: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement or claim containing any false, incomplete, or misleading information is guilty of a felony.

Indiana: A person who knowingly, and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Indiana: Any person who, with intent to defraud or knowing that he is facilitating a fraud against insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Louisiana: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Maine: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Minnesota: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

Nebraska: Any person who, with intent to defraud or knowing that he is facilitating a fraud against insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

New Hampshire: Any person who with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided by RSA 638.20

New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

New Mexico: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon: Any person who, with intent to defraud or knowing that he is facilitating a fraud against insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Rhode Island: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Tennessee: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Texas: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Vermont: Any person who, with intent to defraud or knowing that he is facilitating a fraud against insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

Virginia: Any person who, with intent to defraud or knowing that he is facilitating a fraud against insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

Washington: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

If you live in a state other than mentioned above, the following statement applies to you: Any person who knowingly, and with intent to injure, defraud or deceive any insurer or insurance company, files a statement of claim containing any materially false, incomplete, or misleading information or conceals any fact material thereto, may be guilty of a fraudulent act, may be prosecuted under state law and may be subject to civil and criminal penalties. In addition, any insurer or insurance company may deny benefits if false information materially related to a claim is provided by the claimant.



LASIK Advantage[®]

Make your benefits package more attractive by offering benefits for popular, well-established laser vision correction procedures.

Enhance Your Appeal

You can make your benefits package more valuable to current employees and attract top talent with LASIK Advantage. Available with most of our dental plans, the available benefit increases over time.

Satisfy Your Employees

People are free to seek care from any specialist they choose – there's no network tied to the benefit. We pay benefits for a number of popular procedures that receive high marks for patient satisfaction:

- LASIK
- LASIK with Wavefront Technology
- LASIK with IntraLase Technology
- Photorefractive Keratectomy [PRK]
- Advanced Surface Ablation [ASA]
- LASEK



Available Plan Options

Lifetime Benefit Amount For Both Eyes*				
	Year 1	Year 2	Year 3	Year 4 & Later
Plan 1	\$ 250	\$ 250	\$ 500	\$ 500
Plan 2	500	500	1000	1000
Plan 3	0	200	500	1000
Plan 4	200	400	600	1000
Plan 5	200	500	1000	1000
Plan 6	200	500	1000	1500
Plan 7	500	1000	1500	1500

*Members earn a lifetime benefit for both eyes. The lifetime benefit per eye is equal to half the amount listed above. The benefit increases over time, based on the individual member's effective date. Members may not combine benefit amounts for each eye to pay for a covered procedure for a single eye.

Additional Information

- LASIK Advantage is available to fully insured groups with 10+ enrolled employees and ASO [Administrative Services Only] groups with 120+ enrolled employees.
- The minimum age to receive LASIK Advantage benefits is 18. There is no maximum age.
- If members enroll after the initial enrollment period has ended, they will be considered a late entrant. Late entrants need to wait 12 months from the date they enroll to be eligible for coverage, then coverage will begin at the year 1 benefit.
- Options are available in most states. Your Ameritas representative will be happy to provide more information.



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