

Eye Care Highlights

Policy # 301175

Deductibles	
Exam	\$0
Eye Glass Lenses	\$0
Materials	\$0
Maximum	
Per Calendar Year	\$300
Annual Eye Exam	Subject to maximum
Lenses (per pair)	
Single Vision	Subject to maximum
Bifocal	Subject to maximum
Trifocal	Subject to maximum
Lenticular	Subject to maximum
Contacts	
Elective/Medically Necessary	Subject to maximum
Frames	Subject to maximum
Frequencies (months)	
Exam/Lens/Frame	NA

This eye care coverage reimburses up to \$300 for exams, frames, lenses and contact lenses. You are free to see any provider and are not limited to a panel provider. Discounts are available and will apply at EyeMed providers (see below for more details). To maximize your eye care benefit, insureds are encouraged to compare prices at various eye care doctors in your area.

EyeMed Discount Overlay (This is not insurance but can be added to a Vision Perfect plan for discounts through the EyeMed network).

Exam	\$5 off routine exam	LASIK or PRK Average discount of 15% off retail price, or 5% off promotional price through U.S. Laser Network.
with dilation as necessary	\$10 off contact lens exam	
Standard Plastic Lenses		LIMITATIONS AND EXCLUSIONS Also known as a discount overlay, these EyeMed Access Network provider discounts are only available to groups who have a specific schedule/defined benefit eye care plan in place. The discount program 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. <ul style="list-style-type: none"> • 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.
Single Vision	\$50	
Bifocal	\$70	
Trifocal	\$105	
Frame	35% off retail price with a complete pair of glasses (Items purchased separately - 20% off retail price)	
Standard Progressive Lenses	\$65 + lens deductible	
Premium Progressive Lenses	20% discount	
Standard Polycarbonate	\$40	
Tint (Solid & Gradient)	\$15	
Scratch Resistant Coating	\$15	
Anti-Reflective Coating	\$45	
Ultraviolet Coating	\$15	
Other Add-Ons	20% discount	
Contact Lenses	15% off retail price (does not apply to fitting). After initial purchase, replacements by mail are offered at substantial savings via eyemedvisioncare.com.	
Conventional		

WILLIAMSON COUNTY

Eye Care Highlight Sheet



Ameritas Information

We're Here to Help

This plan was designed specifically for the associates of **WILLIAMSON COUNTY**. At Ameritas Group, we do more than provide coverage - we make sure there's always a friendly voice to explain your benefits, listen to your concerns, and answer your questions. Our customer relations associates will be pleased to assist you 7 a.m. to midnight (Central Time) Monday through Thursday, and 7 a.m. to 6:30 p.m. on Friday. You can speak to them by calling toll-free: 800-487-5553. For plan information any time, access our automated voice response system or go online to ameritasgroup.com/member. To receive information about locations of EyeMed Vision Care providers, call EyeMed toll-free at 866-559-5252.

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