# **Vision Plus**

# Individual vision insurance

Underwritten by
Ameritas Life Insurance Corp.
Sponsored by
GPM Health and Life Insurance Company

• No waiting periods

• No enrollment fees

### Plan details

|  | In-network                     | Out-of-network |
|--|--------------------------------|----------------|
| Benefit frequencies                            |                                |                |
| Exam   | Every 12 months                |                |
| Eyeglass lenses or contacts                    | Every 12 months                |                |
| Frames   | Every 12 months                |                |
| Deductible                                     | \$15 Exam                      |                |
| Per person per year (based on date of service) | \$25 Eyeglass lenses or frames |                |
| Annual eye exam                                | Covered in full                | Up to \$45     |
| Lenses   |                                |                |
| Single vision                                  | Covered in full                | Up to \$30     |
| Bifocal  | Covered in full                | Up to \$50     |
| Trifocal                                       | Covered in full                | Up to \$65     |
| Lenticular                                     | Covered in full                | Up to \$100    |
| Frames   | Up to \$150                    | Up to \$70     |
| Contacts                                       |                                |                |
| Elective                                       | Up to \$150                    | Up to \$105    |
| Fit & follow-up exam                           | Member cost up to \$60         | No benefit     |
| Lens options and coatings, member cost*        |                                |                |
| Std. polycarbonate                             | \$31-\$35                      | No benefit     |
| Tints & dyes (except pink I & II)              | \$34-\$44                      | No benefit     |
| Scratch resistant                              | \$17                           | No benefit     |
| Anti-reflective                                | \$41                           | No benefit     |
| Ultraviolet                                    | \$16                           | No benefit     |

| Monthly rates                            | All other states | FL, MN, MS |
|--|------------------|------------|
| Policyholder                             | \$15.97          | \$12.78    |
| Policyholder plus one dependent          | \$29.38          | \$23.50    |
| Policyholder plus two or more dependents | \$43.91          | \$35.13    |

 $<sup>^{\</sup>ast}$  Based on applicable laws, reduced costs may vary by provider location.

Plan not available in Maryland, Massachusetts, Montana, Rhode Island and Washington.





GR 7254 GPM SK 7-21 For Producers only.

<sup>&</sup>lt;sup>1</sup> Member cost for progressive lenses varies. The VSP provider will be able to provide the exact amount they are responsible for.

## Vision provider network

VSP offers the nation's largest network of independent providers. Find VSP network providers at vsp.com.



Retail locations. Retail chains accepting VSP insurance include Costco Optical\*, Sam's Club, Visionworks and Walmart.

Online options. Policyholders can browse and buy eyewear online at eyeconic.com and get the most current deals. Eyeconic is in the VSP network, and their vision benefits are applied directly to their online order.

VSP savings. Take advantage of 20% off the remaining frame balance, additional prescription glasses, and non-covered lens options. And receive an extra \$20 to spend on featured frame brands. Policyholders' laser vision correction discount can be used on LASIK or PRK procedures.











\*Not all providers at Costco locations are VSP network providers. Please verify that the provider is in the VSP network before seeking services. The frame allowance at some retailers may be less due to lower wholesale pricing.

#### Access benefits

After the policyholder's coverage begins, they can create an account at ameritas.com to access their benefit information. Claims history can be accessed through a VSP account at vsp.com or the VSP app.

Contact Ameritas for billing, administration, ID card or network questions:

800-300-9566

Mon-Thurs 7 a.m. - 7 p.m., Fri 7 a.m. - 5:30 p.m. (CST)

#### Vision limitations and exclusions

This plan does not cover:

- services and/or materials not specifically included in this Schedule as covered Plan Benefits.
- plano lenses (lenses with refractive correction of less than plus or minus .50 diopter) except as specifically allowed in the frames benefit section below.
- services or materials that are cosmetic, including Plano contact lenses to change eye color and artistically painted Contact Lenses.
- two pairs of glasses in lieu of Bifocals.
- replacement of Spectacle Lenses, Frames, and/or contact lenses furnished under this plan that are lost or damaged, except at the normal intervals when services are otherwise available.
- orthoptics or vision training and any associated supplemental testing.
- medical or surgical treatment of the eyes.
- · contact lens modification, polishing or cleaning.
- the refitting of Contact Lenses after the initial 90-day filing period.
- contact Lens insurance policies or service contracts.
- additional office visits associated with contact lens pathology.
- local, state and/or federal taxes, except where law requires us to pay.
- membership fees for any retail center in which an Affiliate or Open Access provider office may be located. Covered persons may be required to purchase a membership in such entities as a condition of accessing Plan Benefits.

This brochure highlights the vision coverage available through Ameritas Life Insurance Corp. Please refer to the Individual Policy for a complete list of covered procedures.

> Questions? Call 888-336-7601 or visit myplan.ameritas.com/gpm



