

Vision One Eyecare Discount Program Benefit Summary

by EyeMed provided by Ameritas

The Vision One Eyecare Discount Program from EyeMed provided by Ameritas offers discounts on frames, lenses, and eye examinations at any Sears, JCPenney, Target optical centers, LensCrafters, and participating Pearle Vision locations.

Vision One Features

- No claims to file
- No waiting for reimbursement
- Unlimited access

Vision One Eyecare Discount Program	
Eye Examinations*	Employee Savings
Routine Exam	\$5 Savings
Contact Lens Exam	\$10 Savings
Frames	Up to 40% off any frame available at provider locations
Lenses	Employee Cost
Single Vision	\$50
Bifocal	\$70
Trifocal	\$105
Lens Options	Employee Cost
Standard-progressive (no line bifocals; amount added to bifocal cost)	\$65
Polycarbonate	\$40
Scratch resistant coating	\$15
Ultraviolet coating	\$15
Solid or gradient tint	\$15
Anti-reflective coating	\$45
Photochromic	20% Discount
Contact Lenses (2 ways to save) <ol style="list-style-type: none"> 1. Visit one of thousands of nationwide locations and save 15% off non-disposable contacts. 2. Use the Contact Lens replacement program for additional savings and convenience. Details are available at www.eyemedcontacts.com or call 800-508-1399. 	

Participating providers are independent contractors solely responsible for vision examinations and products.

Pearle Vision, Inc. does not employ Doctors of Optometry and does not provide eye exams in California. Pearle VisionCare, Inc., a licensed vision healthcare service plan, provides eye exams in California.

Discounts cannot be used with other discounts, promotions, or prior orders.

* Provided by licensed independent Doctors of Optometry.

Voluntary Vision Plan Benefit Summary

by EyeMed provided by Ameritas

This is a summary of benefits for the Voluntary Vision Plan by EyeMed provided by Ameritas.

	Voluntary Vision by EyeMed	
	In-Network Cost	Out-of-Network Reimbursements
Eye Examinations		
Routine Eye Exam (1 per 12 months)	\$10	up to \$20
Frames (choice of any available frame) (1 per 12 months)		
Up to \$100	Covered in Full**	up to \$30
**Plus 20% off balance over \$100		
Lenses (standard uncoated plastic) (1 per 12 months)		
Single vision	\$10	up to \$20
Bifocal	\$10	up to \$30
Trifocal	\$10	up to \$40
Standard-progressive (no line bifocals; amount added to bifocal cost)	Covered in Full	Not Covered
Lens Options (add to lens prices above)		
Anti-reflective coating	\$45	Not Covered
Polycarbonate	\$40	Not Covered
Scratch resistant coating	\$15	Not Covered
Ultraviolet coating	\$15	Not Covered
Solid or gradient tint	\$15	Not Covered
Photochromic	20% Discount	Not Covered
Contacts (one purchase per 12 months – in lieu of lenses and frames up to \$100 retail value)		
Daily & extended wear	\$10	\$50
Disposable	\$10	\$50
Contact Lens Fitting		
Standard	Covered in Full	\$40
Premium	90% of charges (less \$40 allowance) ¹	\$40

Participating retailers include: LensCrafters, America's Best, EyeMart Express, participating Pearle Vision Centers, Target Optical and many Independent Providers.

¹ Coinsurance is member responsibility.
Co-payments listed are Member responsibility.

Voluntary Vision Plan Benefit Summary

by VSP provided by Ameritas

This is a summary of benefits for the Voluntary Vision Plan by VSP provided by Ameritas.

	Voluntary Vision by VSP	
	In-Network Cost	Out-of-Network Reimbursements
Eye Examinations		
Routine Eye Exam (1 per 12 months)	\$10	up to \$45
Frames (choice of any available frame) (1 per 12 months)		
Up to \$180	Covered in Full	up to \$70
Lenses (1 per 12 months)		
Single vision	\$10	up to \$30
Bifocal	\$10	up to \$50
Trifocal	\$10	up to \$65
Standard-progressive (no line bifocals; amount added to bifocal cost)	\$55	up to \$50
Lens Options (add to lens prices above)		
Anti-reflective coating	\$43-\$85	Not Covered
Polycarbonate	Covered in Full for dependent children, \$33 adults	Not Covered
Scratch resistant coating	\$17-\$33	Not Covered
Ultraviolet coating	\$16	Not Covered
Solid or gradient tint	\$15-\$17	Not Covered
Photochromic	\$31-\$82	Not Covered
Contacts (one purchase per 12 months – in lieu of lenses and frames up to \$180 retail value)	\$10	up to \$105
Contact Lens Fitting		
Elective	Covered in Full after member cost of up to \$60	15% Discount

Co-insurances listed are the Plan responsibility and co-payments listed are Member responsibility.