

## Vision One Eyecare Discount Program 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	
<b>Eye Examinations*</b>	<b>Employee Savings</b>
Routine Exam	\$5 Savings
Contact Lens Exam	\$10 Savings
Frames	Up to 40% off any frame available at provider locations
<b>Lenses</b>	<b>Employee Cost</b>
Single Vision	\$50
Bifocal	\$70
Trifocal	\$105
<b>Lens Options</b>	<b>Employee Cost</b>
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"> <li>1. Visit one of thousands of nationwide locations and save 15% off non-disposable contacts.</li> <li>2. Use the Contact Lens replacement program for additional savings and convenience. Details are available at <a href="http://www.eyemedcontacts.com">www.eyemedcontacts.com</a> or call 800-508-1399.</li> </ol>	

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.

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

## Voluntary Vision Plan 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
<b>Eye Examinations</b> Routine Eye Exam (1 per 12 months)	\$10	up to \$20
<b>Frames (choice of any available frame)(1 per 12 months)</b> Up to \$100	Covered in Full**	up to \$30
**Plus 20% off balance over \$100		
<b>Lenses (standard uncoated plastic) (1 per 12 months)</b> Single vision Bifocal Trifocal Standard-progressive (no line bifocals; amount added to bifocal cost)	\$10 \$10 \$10 \$75	up to \$20 up to \$30 up to \$40 up to \$30
<b>Lens Options (add to lens prices above)</b> Anti-reflective coating Polycarbonate Scratch resistant coating Ultraviolet coating Solid or gradient tint Photochromic	\$45 \$40 \$15 \$15 \$15 20% Discount	Not Covered Not Covered Not Covered Not Covered Not Covered Not Covered
<b>Contacts (one purchase per 12 months – in lieu of lenses and frames up to \$100 retail value)</b> Daily & extended wear Disposable	\$10 \$10	\$50 \$50
<b>Contact Lens Fitting</b> Standard Premium	Covered in Full 90% of charges (less \$40 allowance) <sup>1</sup>	\$40 \$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 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
<b>Eye Examinations</b> Routine Eye Exam (1 per 12 months)	\$10	up to \$45
<b>Frames (choice of any available frame)(1 per 12 months)</b> Up to \$180	Covered in Full	up to \$70
<b>Lenses (1 per 12 months)</b> Single vision Bifocal Trifocal Standard-progressive (no line bifocals; amount added to bifocal cost)	\$10 \$10 \$10 \$55	up to \$30 up to \$50 up to \$65 up to \$50
<b>Lens Options (add to lens prices above)</b> Anti-reflective coating Polycarbonate Scratch resistant coating Ultraviolet coating Solid or gradient tint Photochromic	\$43-\$85 Covered in Full for dependent children, \$33 adults \$17-\$33 \$16 \$15-\$17 \$31-\$82	Not Covered Not Covered Not Covered Not Covered Not Covered Not Covered
<b>Contacts (one purchase per 12 months – in lieu of lenses and frames up to \$180 retail value)</b>	\$10	up to \$105
<b>Contact Lens Fitting</b> 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.