

Before your enrollment deadline, give vision benefits some serious thought. Vision insurance can be just as important to a lifetime of good health as your medical plan. Find out what vision benefits can do for you and your family.

# Employee Vision Benefits

effective



# VSP Network

VSP offers the nation's largest network of independent providers. With 91% of VSP doctors offering early morning, evening or weekend hours, you can visit a provider on your schedule. Find VSP network providers at [vsp.com](http://vsp.com).

Retail locations include:



Browse and buy online at [eyeconic.com](http://eyeconic.com) and get the most current deals on eyewear. Eyeconic.com is in the VSP network, and your vision benefits are applied directly to your online order.

## Save on vision materials and LASIK procedures



Take advantage of VSP provider discounts, including 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.

Have you always dreamed of better vision without glasses or contacts? Make your dream a reality by using your VSP laser vision correction discount for LASIK or PRK procedures.



Find more ways to save at [vsp.com/specialoffers](http://vsp.com/specialoffers).


Based on applicable laws, reduced costs may vary by doctor location.

## Prescription savings

You and your covered dependents can save on prescription medications at over 60,000 pharmacies across the nation. Participating pharmacies give your normal health care pharmacy benefits, or the prescription discount, whichever saves you more. This is offered at no additional cost to your plan premium and is not insurance.

Find a pharmacy near you – [ameritas.com/rxpharmacy](http://ameritas.com/rxpharmacy)

Look up a price – [ameritas.com/rxpricing](http://ameritas.com/rxpricing)

<p><b>Prescription Drug Savings Card</b></p> <p>Ameritas  <b>ENVISION SAVINGS</b></p> <p>Member Name: _____</p> <p>RxBin # 017529 Group # AMERITAS Member ID # AMER2233 PCN: AMRX</p> <p>This is not insurance Administered by EnvisionSavings</p>	<p><b>THIS IS NOT INSURANCE</b></p> <p>Certain terms and conditions apply. View terms and conditions at <a href="http://ameritas.com/rxterms">ameritas.com/rxterms</a>. Void where prohibited. Discounts available only at participating pharmacies. Process all prescriptions electronically.</p> <p>For prescription discount drug pricing please visit <a href="http://ameritas.com/rxpricing">ameritas.com/rxpricing</a>.</p> <p>Discounts available at over 60,000 pharmacies across the nation. To find a pharmacy visit <a href="http://ameritas.com/rxpharmacy">ameritas.com/rxpharmacy</a>.</p> <p>Pharmacy and member help desk <b>1-877-684-0032</b></p> <p>This is a FREE card and may not be sold.</p>
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# Educational Service Unit #6

Eye Care Highlight Sheet



## EyeChoice: Focus® Plan Summary

Rates Effective: 9/1/2020 to 9/1/2023

	VSP Choice Network + Affiliates	Out of Network
<b>Deductibles</b>		
	\$10 Exam	\$10 Exam
	\$25 Eye Glass Lenses or Frames*	\$25 Eye Glass Lenses or Frames
	Covered in full	Up to \$45
<b>Annual Eye Exam</b>		
<b>Lenses (per pair)</b>		
<b>Single Vision</b>	Covered in full	Up to \$30
<b>Bifocal</b>	Covered in full	Up to \$50
<b>Trifocal</b>	Covered in full	Up to \$65
<b>Lenticular</b>	Covered in full	Up to \$100
<b>Progressive</b>	See lens options	NA
<b>Contacts</b>		
<b>Fit &amp; Follow Up Exams</b>	Member cost up to \$60	No benefit
<b>Elective</b>	Up to \$180	Up to \$144
<b>Medically Necessary</b>	Covered in full	Up to \$210
<b>Frame Allowance</b>	\$180**	Up to \$90
<b>Frequencies (months)</b>		
<b>Exam/Lens/Frame</b>	12/12/24 Based on date of service	12/12/24 Based on date of service

\*Deductible applies to a complete pair of glasses or to frames, whichever is selected.

\*\*The Costco and Walmart allowance will be the wholesale equivalent.

## Lens Options (member cost)\*

	VSP Choice Network + Affiliates (Other than Costco)	Out of Network
<b>Progressive Lenses</b>	Up to provider's contracted fee for Lined Bifocal Lenses. The patient is responsible for the difference between the base lens and the Progressive Lens charge.	Up to Lined Bifocal allowance.
<b>Std. Polycarbonate</b>	Covered in full for dependent children \$33 adults	No benefit
<b>Solid Plastic Dye</b>	\$15 (except Pink I & II)	No benefit
<b>Plastic Gradient Dye</b>	\$17	No benefit
<b>Photochromatic Lenses (Glass &amp; Plastic)</b>	\$31-\$82	No benefit
<b>Scratch Resistant Coating</b>	\$17-\$33	No benefit
<b>Anti-Reflective Coating</b>	\$43-\$85	No benefit
<b>Ultraviolet Coating</b>	\$16	No benefit

\*Lens Option member costs vary by prescription, option chosen and retail locations.

Monthly Rates	12 Month Rates	10 Month Rates
<b>Employee Only (EE)</b>	\$9.12	\$10.94
<b>EE + Spouse</b>	\$19.68	\$23.62
<b>EE + Children</b>	\$15.92	\$19.10
<b>EE + Spouse &amp; Children</b>	\$26.48	\$31.78

# Educational Service Unit #6

## Eye Care Highlight Sheet



### Additional Focus® Choice Network Features

<b>Contact Lenses Elective</b>	Allowance can be applied to disposables, but the dollar amount must be used all at once (provider will order 3 or 6 month supply). Applies when contacts are chosen in lieu of glasses. For plans without a separate contact fitting & evaluation (which includes follow up contact lens exams), the cost of the fitting and evaluation is deducted from the allowance.
<b>Additional Glasses</b>	20% off additional complete pairs of prescription glasses and/or prescription sunglasses.*
<b>Frame Discount</b>	VSP offers 20% off any amount above the retail allowance.*
<b>Laser VisionCare</b>	VSP offers an average discount of 15% off or 5% off a promotional offer for LASIK Custom LASIK and PRK. The maximum out-of-pocket per eye for members is \$1,800 for LASIK and \$2,300 for custom LASIK using Wavefront technology, and \$1,500 for PRK. In order to receive the benefit, a VSP provider must coordinate the procedure.
<b>Low Vision</b>	With prior authorization, 75% of approved amount (up to \$1,000 is covered every two years).

*Based on applicable laws, reduced costs may vary by doctor location.*

### Rx Savings

Our valued plan members and their covered dependents can save on prescription medications at over 60,000 pharmacies across the nation including CVS, Walgreens, Rite Aid and Walmart. This Rx discount is offered at no additional cost, and it is not insurance.

To receive this Rx discount, Ameritas plan members just need to visit us at [ameritas.com](http://ameritas.com) and sign into (or create) a secure member account where they can access and print an online-only Rx discount savings ID card.

### Retail Chain Affiliate Providers Available With Focus Plans

Effective January 1, 2012, retail chain affiliate providers, which include Costco® Optical and Visionworks, give members added convenience and additional retail choices. Costco Optical has 400 locations across the country, while Visionworks manages nearly 400 optical stores in 37 states and DC, including well-known stores such as EyeMasters, Visionworks, Dr. Bizer's VisionWorld, Eye DRx, and Hour Eyes, to name a few. Members enjoy a covered-in-full benefit experience with equivalent frame benefit at any of these retail chain locations.

### Eye Care Plan Member Service

Focus eye care from Ameritas Group features the money-saving eye care network of VSP. Customer service is available to plan members through VSP's well-trained and helpful service representatives. Call or go online to locate the nearest VSP network provider, view plan benefit information and more.

VSP Call Center: 1-800-877-7195

- Service representative hours: 5 a.m. to 7 p.m. PST Monday through Friday, 6 a.m. to 2:30 p.m. PST Saturday
- Interactive Voice Response available 24/7

Locate a VSP provider at: [ameritas.com](http://ameritas.com)

View plan benefit information at: [vsp.com](http://vsp.com)

### Section 125

This plan is provided as part of the Policyholder's Section 125 Plan. Each employee has the option under the Section 125 Plan of participating or not participating in this plan. If an employee does not elect to participate when initially eligible, he/she may elect to participate at the Policyholder's next Annual Election Period.

# enrollment/change/waiver Group Insurance Form

Ameritas Life Insurance Corp. P.O. Box 81889 / Lincoln, NE 68501-1889 / 800-659-2223 / Fax: 402-467-7338



Policy and Div. # 010- _____ Cert. # _____	<b>COBRA:</b> If individual is a continuee: _____	Qualifying Event _____	Date of Event _____
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Name and Address of Employer (Policyholder) **Educational Service Unit #6, Milford NE 68405**

## 1 to enroll Eye Care To terminate all coverages

### Employee Information

Marital Status  Single  Married  Civil Union\*  Domestic Partner\* \*As defined by state law or your Group.

Social Security number \_\_\_\_\_ Dept. number \_\_\_\_\_

Employee's last name, first name, MI \_\_\_\_\_

Date of birth \_\_\_\_\_  Male  Female Full time date of hire \_\_\_\_\_  Rehire: Rehire date \_\_\_\_\_

Occupation \_\_\_\_\_ Hours worked each week \_\_\_\_\_ Are your earnings paid:  Hourly or  Salaried

Street address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

E-mail address (limit of 60 characters) \_\_\_\_\_

Are you covered under another **eye care** insurance plan? . . . . . **Employee:**  Yes  No **Dependents:**  Yes  No

### Dependent Coverage Information List all eligible dependents to be added or deleted. (Employee must be enrolled to cover dependents)

Print full legal name (last, first, MI)	Eye Care		Relationship	Sex	Date of birth	Social Security no.	College student?
	add	drop					
1 _____	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>
2 _____	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>
3 _____	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>
4 _____	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>
5 _____	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>

### Please Sign (employee/policyholder) The certificate provides eye care benefits only. Review your certificate carefully.

As an employee, I hereby apply for, or waive (if indicated), group insurance, for which I am eligible or may become eligible. If contributions are required, I authorize my employer to deduct premiums from my salary. *THE FOLLOWING APPLIES ONLY TO SECTION 125 FLEXIBLE BENEFITS PLANS:* I am signing up for coverage until the next enrollment period except in the case of a life event. This information was explained in the plan's solicitation materials which I have read and understand. I represent that the information I have provided is complete and accurate to the best of my knowledge. The policyholder certifies the date of employment, job title, hours worked and salary information are correct according to the Policyholder's records.

<b>X</b> _____	<b>X</b> _____
Employee Signature (do not print)	Policyholder Signature (do not print)
Date	Date

In several states, we are required to advise you of the following: Any person who knowingly and with intent to defraud provides false, incomplete, or misleading information in an application for insurance, or who knowingly presents a false or fraudulent claim for payment of a loss or benefit, is guilty of a crime and may be subject to fines and criminal penalties, including imprisonment. In addition, insurance benefits may be denied if false information provided by an applicant is materially related to a claim. (State-specific statements on back.)

Employee late entrant date _____	Effective Date	Class	Dep. Code
Dependent late entrant date _____			

## 2 to change

**Name Change** New Name \_\_\_\_\_ Old Name \_\_\_\_\_

### Add Dependent Coverage

If due to marriage, what is the date of marriage? \_\_\_\_\_  If due to birth/adoption, what is the date of event? \_\_\_\_\_

If due to loss of coverage, date and reason: \_\_\_\_\_

If other, the date of event and please explain: \_\_\_\_\_

**Drop Dependent Coverage** Number of dependents still covered: \_\_\_\_\_ Effective date of drop: \_\_\_\_\_

Due to divorce  Due to death  Due to annual election period  Exceeds maximum age to qualify as dependent

Other (please explain) \_\_\_\_\_

## 3 to waive IF YOU DO NOT WANT COVERAGE, COMPLETE THE WAIVER SECTION. THE WAIVER MAY NOT BE ALLOWED FOR THIS PLAN, CHECK WITH YOUR EMPLOYER. I have been given an opportunity to apply for Group Insurance offered by my employer, and have decided not to accept the offer for:

myself (does not apply to TRUST policies)  spouse/domestic partner  child(ren) only  spouse/domestic partner and child(ren)

because \_\_\_\_\_

Name of insurance company and employer of dependent \_\_\_\_\_

Should I desire to apply for this group insurance in the future, I realize that a "late entrant" penalty may be applied.

**Note for California Residents:** California law prohibits an HIV test from being required or used by health insurance companies as a condition of obtaining health insurance coverage.

For group policies issued, amended, delivered, or renewed in California, dependent coverage includes individuals who are registered domestic partners and their dependents.

**No Cost Language Services.** You can get an interpreter and have documents read to you in your language. For help, call us at the number listed on your ID card or 877-233-3797. For more help call the CA Dept. of Insurance at 800-927-4357.

**Servicios de idiomas sin costo.** Puede obtener un intérprete y que le lean los documentos en español. Para obtener ayuda, llámenos al número que figura en su tarjeta de identificación o al 877-233-3797. Para obtener más ayuda, llame al Departamento de Seguros de CA al 800-927-4357.

**Note for Colorado Residents:** 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.

**Note for Florida Residents:** 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.

**Note for Georgia, Kansas, Nebraska, Oregon, Vermont and Virginia Residents:** 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.

**Note for Kentucky Residents:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

**Note for Louisiana Residents:** Any person who knowingly presents a false or fraudulent claim for payment of a loss of 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.

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

**Note for New Jersey Residents:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Note for New Mexico and Rhode Island Residents:** 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.

**Note for North Carolina Residents:** After 2 years from the date of issue or reinstatement of this policy, no misstatements made by the applicant in the application shall be used to void the policy or deny a claim for loss commencing after the expiration of such 2 year period.

**Note for Pennsylvania Residents:** 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.

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

**Note for Texas Residents:** Any person who knowingly and with intent to defraud provides false, incomplete or misleading information in an application for insurance, or who knowingly presents a false or fraudulent claim for payment of a loss or benefit, may be guilty of a crime and may be subject to fines and criminal penalties, including imprisonment. In addition, insurance benefits may be denied if false information provided by an applicant is materially related to a claim.

**Note for Washington, D.C. Residents:** 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.

**Note for Washington Residents:** For groups policies issued, amended, delivered, or renewed in Washington, dependent coverage includes individuals who are registered domestic partners and their dependents.

## tips for filling out this form

### To Enroll

Missing, incomplete or illegible information can cause delays in adding new employees to the system and could create errors in billing. To ensure proper handling of your enrollment forms, please make sure the following areas are completed:

- **Policy Name and Group Number** – to make sure plan members are added to the correct group.
- **Department/Division Numbers** – so plan members are added in the proper locations, and appear in the appropriate section on the billing if the group has multiple departments or divisions.
- **Social Security Numbers** – the most important identifier for plan members when calling in with claims or administrative questions. Please double check to make sure your social security number is accurate and written clearly.
- **Full-time Employment Date** – needed so the correct effective date is calculated for new members.
- **Class Number** – needed when the plan has more than one class of employees.

### To Change

**Changing Dependent Codes** – When adding or dropping dependents, please note whether this change is because of a “life event” or for some other reason. (Examples of life events: marriage, birth of a child, divorce . . . ) Please remember to include the date of the event. Late entrant status will be applied if a life event is not included. Be specific when changing status so all dependents who are still eligible will be covered.

### Imaging

In order to provide better service, our administration system utilizes image technology. In the image environment, we scan your enrollment forms into our system, making them easier and faster to access. Better quality forms help us to process your enrollments faster. Unfortunately, certain forms are difficult or impossible to scan. The following list of helpful hints will make your forms easier to scan:

#### Do:

- 1) submit clear, legible enrollment forms.
- 2) underline or circle important information.
- 3) use blue or black ink.

#### Don't:

- 1) submit dark copies as they appear black on imaging.
- 2) highlight, which blackens the area so it cannot be read.
- 3) write on the top or bottom margins. This information is not always captured on the image system.



# Frequently Asked Questions



## How often does the plan cover an eye exam?

Benefits for exams are available once every 12 months and are based on the month, not the date, of your last exam. For example, if you have your examination on October 12, your next examination is available as of October 1 the following year.

## Is there a separate exam for contacts?

Many providers do a separate exam for contact fit and follow-up, and there is a separate charge for this exam. Please refer to your plan highlight for details.



## Can I get glasses and contacts in the same year?

No, your benefit can be applied to contacts OR glasses during the benefit year. In other words, you will not receive an allowance for contacts if you already chose to apply your vision benefits to a new pair of lenses and/or frames during the same benefit year.

## Can I use my benefits if I visit a provider outside the network?

Yes, if you visit an out-of-network provider, you pay your provider the full balance and submit a claim with your itemized receipt for reimbursement based on out-of-network plan benefits. Greater benefits are available with network providers, and they submit the claim for you.



## Can I shop online for glasses and contacts?

Yes, after you complete your vision examination and obtain your prescription, you can purchase glasses or contacts online from any site.

Browse and buy eyewear online at [eyeconic.com](http://eyeconic.com), which is in the VSP network, and your vision benefits are applied directly to your online order.



This is not a certificate of insurance or guarantee of coverage. Plan designs may not be available in all areas and are subject to individual state regulations. This information is provided by Ameritas Life Insurance Corp. (Ameritas Life). Group dental, vision and hearing care products (9000 Rev. 03-16, dates may vary by state) are issued by Ameritas Life. Ameritas, the bison design, "fulfilling life" and product names designated with SM or ® are service marks or registered service marks of Ameritas Life, affiliate Ameritas Holding Company or Ameritas Mutual Holding Company. All other brands are property of their respective owners. © 2020 Ameritas Mutual Holding Company.