VISION – EMPLOYER SPONSORED OR VOLUNTARY

Carrier	EyeMed (Provided by Ameritas)					
Plan Name	Silver		Gold		Platinum	
	In-Network	Out-of-Network Reimbursement	In-Network	Out-of-Network Reimbursement	In-Network	Out-of-Network Reimbursement
Eye Examination	$10 Copay	Up to $25	$10 Copay	Up to $25	100%	Up to $25
Frames	$100 Allowance, 20% off balance over $100	Up to $40	$130 Allowance, 20% off balance over $130	Up to $40	$150 Allowance, 20% off balance over $150	Up to $40
Standard Lenses Single Vision Lined Bifocal Lined Trifocal Standard Progressive	 $15 Copay $15 Copay $15 Copay Covered In Full[1]	 Up to $20 Up to $35 Up to $60 Not Covered	 $10 Copay $10 Copay $10 Copay Covered In Full[1]	 Up to $20 Up to $35 Up to $60 Not Covered	 100% 100% 100% Covered In Full[1]	 Up to $20 Up to $35 Up to $60 Not Covered
Contact Lenses (in lieu of lenses & frames)	$100 Allowance, 15% off balance over $100	Up to $65	$130 Allowance, 15% off balance over $130	Up to $65	$150 Allowance, 15% off balance over $150	Up to $65
Benefit Frequency*	12/12/12	12/12/12	12/12/12	12/12/12	12/12/12	12/12/12

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

* Benefit Frequency - Exams/lenses/frames

1. Premium Progressive in-network are discounted.

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ChoiceBuilder Insurance Services
CDI Entity License #0N14196