

NEBRASKA NEW CAR & TRUCK DEALERSHIP AMERITAS/VSP VISION PLAN

PLAN BENEFITS

Comprehensive Exam – Annual	\$10 Copay	\$10 Copay
Maximum Benefit Paid After Copay	<u>PPO</u> 100%	<u>Non-PPO</u> \$52
Lenses/Frames (One Copay Combined)	\$25 Copay	\$25 Copay
Maximum Benefit Paid After Copay*	<u>PPO</u>	<u>Non-PPO</u>
Lenses per pair – Annual		
Basic Single Vision	100%	\$55
Lined Bifocal	100%	\$75
Lined Trifocal	100%	\$95
Lenticular	100%	\$125
Contacts – Medically Necessary	100%	\$210**
Contacts – Voluntary	up to \$120**	\$105**

If you select lens upgrades such as progressive lenses (rather than lined bifocals or trifocals), tints, scratch guard, etc., you will be charged a discounted fee for each upgrade.

There is also a 10-25% discount on LASIK and PRK procedures from VSP PPO Providers.

***You may use plan benefits for either contact lenses or lenses for your glasses but not both in a 12 month period.**

****This is a once per year allowance so be sure to spend the full amount at one time if you are purchasing disposable contact lenses.**

Maximum Benefit Paid After Copay	<u>PPO</u>	<u>Non-PPO</u>
Frames – every 24 months	\$120 plus 20% discount for charges in excess of \$120	\$45

If you select a frame which costs more than \$120 you will pay 80% of the amount over \$120.

The 12 & 24 month benefit frequencies are measured from the date of last service.

COST PER PAY PERIOD (MONTHLY)

	<u>Full Cost</u>	<u>Estimated Cost After Tax Savings*</u>
Employee Only	\$11.24	\$ 7.87
Employee & Spouse	\$21.68	\$15.18
Employee & Child(ren)	\$17.92	\$12.54
Employee, Spouse & Child(ren)	\$28.36	\$19.85

***Based on 30% tax savings including Federal, State and FICA taxes.**

Vision Insurance – A Low Cost Benefit

You can assure yourself of getting all or more than your net cost back in the form of benefits if you have an annual exam.

For example, if you see a PPO provider for a comprehensive eye exam, the cost would be approximately \$120.00. Your benefit would be \$110.00 (\$120.00 – Co-Pay of \$120.00).

If you enroll in the plan, your annual net cost would be about \$94.44 (7.87 x 12). By utilizing the plan to pay for your eye exam, your benefit exceeds your annual cost. If you use the plan to obtain lenses and frames, your benefits will be even greater. This same comparison can be done if dependents are included.

Section 125 – Enrollment Commitment

This policy is provided as part of a Section 125 plan. You and your dependents have the option under the Section 125 Plan of participating or not participating in this vision plan.

You may change your election only during an annual election period, except for a change in family status. Such events include, but are not limited to, marriage, divorce, birth of a child, death of a spouse or child, or termination of employment.

This form is a benefit highlight, not a certificate of insurance. The coverage outlined here highlights the eye care benefits available through Ameritas Life Insurance Corp. You will receive a certificate which will provide a more complete description of the plan after you enroll.

You may obtain a list of VSP Participating Panel Doctors at www.ameritasgroup.com



The Dental and Eye Care ExpertsSM

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