Ameritas
fulfilling life

Vision

Eligibility:

- Full time employees working 20+ hours per week
- Spouse and Children (up to age 26) (Marital status does not affect child coverage)
- Claims must be submitted within 90 days of service
- Please find in-network providers in the Employee Navigator benefits portal

	VSP or EyeMed In-Network
Annual Eye Exam	Covered in full
	Lenses (per pair)
Single	Covered in full
Bifocal	Covered in full
Trifocal	Covered in full
Lenticular	VSP—Covered in full |EyeMed—20% discount
Frames	$150
	Contact Lenses *
Elective	Up to $150

*If you choose contact lenses, no benefits will be available for covered eyeglass lenses during that period.

Co-Payments

$10 for exams

$25 for Materials

Exams/Lens/Frames

Every 12/12/24 months

Rates		
	VSP	EyeMed
Employee	$7.64	$7.64
Employee + One	$13.96	$13.96
Family	$23.68	$23.68