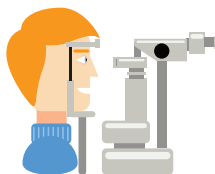


La Crosse Chamber of Commerce Vision Choice

Flexible, affordable plans for 3+ enrolled employees

Help your employees and their families meet their vision needs by choosing one of our most popular plans.

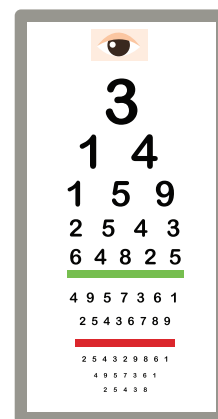
Improving your eyesight is important—**about 11 million Americans over age 12 need vision correction**—but it's just one of the reasons to get your eyes examined. Regular eye exams are also an important part of finding eye diseases early and preserving your vision.



Of the estimated **61 million US adults at high risk for vision loss**, only half visited an eye doctor in the past 12 months.



Though people tend to have more vision problems as they get older, children need eye exams to ensure healthy vision, too. But **less than 15% of preschool children get an eye exam** and less than 22% receive vision screening.



Source: Keep an Eye on Your Vision Health, www.cdc.gov.

Rx Savings - Extra value for Ameritas plan members:

It's no secret that prescription medications can be one of the biggest — and most important — health care expenditures a person, family or organization faces. Not to mention, when a person requires long-term maintenance medications, it can become a serious budgeting issue.

- 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.
- This no-cost Rx discount could save your associates significant dollars. Participating pharmacies will give Ameritas plan members their normal health care pharmacy benefit, or the Rx discount, whichever saves more.
- To receive the Rx discount, Ameritas plan members just need to visit us at ameritas.com and sign into (or create) a secure member account. That's where they can access and print an online-only Rx discount savings ID card.
- When choosing eServices, benefits administrators also have access to the online-only Rx discount savings ID card to assist members without Internet access.

Lori Terry, Ameritas Rep.

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o: 888.313.9061

c: 608.386.7030

Insured By

Ameritas 
fulfilling life.

Focus® featuring VSP network savings

VSP Choice Network offers over 78,000 access points and features over 37,000 private practice doctors plus 5,000 retail locations nationwide. Includes:



Find a VSP provider at ameritas.com under Find a Provider, or call VSP at 800-877-7195.

Benefit Summary	In Network		Out of Network
Annual Deductible	\$10 exam, \$25 materials		
Benefit Frequencies	Exam-Lens-Frame frequencies are 12-12-24 months. Choose eyeglass lenses or contacts every 12 months.		
Annual Eye Exam	100%		\$52
Single Vision Lenses	100%		\$55
Bifocal Lenses	100%		\$75
Trifocal Lenses	100%		\$95
Lenticular Lenses	100%		\$125
Progressive Lenses	The patient is responsible for the difference between the base lens and the Progressive Lens charge.		
Frame	\$130		\$70
Contact Lenses	\$130		\$105

In network contact lens exam, fit & follow up cost capped at \$60.

- Example: Annual eye exam covered 100% in network. Out of network, an eye exam is covered up to \$52.
- Retinal imaging \$39 in network vs. dilation with drops
- Polycarbonate lenses for dependent children 100% covered in network
- Prescription safety glasses may be selected in lieu of eyeglasses

Monthly Rates

	V20005
Employee	\$8.60
Employee & Spouse	\$17.20
Employee & Children	\$15.00
Employee & Family	\$23.60

All rates are valid for groups with effective dates of 8/1/2017 through 7/31/2018, and are guaranteed for two years (or may be set to align with the Section 125 plan year for voluntary plans).

Limitations

Please refer to the Certificate of Insurance for a complete list of covered procedures. Check for availability in your state. Covered expenses will not include and no benefits will be payable for:

- Vision examinations, lenses and frames more than the frequency as indicated on the plan summary page.
- Services and/or materials not specifically included in the Schedule as covered Plan Benefits.
- Plano lenses (lenses with refractive correction of less than plus or minus .50 diopter) except as specifically allowed in the frames benefit section of the Plan Benefits.
- Services or materials that are cosmetic, including plano contact lenses to change eye color and artistically painted contact lenses.
- Two pairs of glasses in lieu of bifocals.
- Replacement of spectacle lenses, frames, and/or contact lenses furnished under this plan that are lost or damaged, except at the normal intervals when services are otherwise available.
- Orthoptics or vision training and any associated supplemental testing.
- Medical or surgical treatment of the eyes.
- Contact lens modification, polishing or cleaning.
- The refitting of contact lenses after the initial 90-day filing period.
- Contact lens insurance policies or service contracts.
- Additional office visits associated with contact lens pathology.
- Local, state and/or federal taxes, except where law requires us to pay.
- Covered persons may be required to purchase a membership at certain retail locations before accessing plan benefits.

ViewPointe® featuring EyeMed network savings

EyeMed Vision Care Access Network offers more than 80,100 access points at nearly 7,000 retail locations nationwide. Includes:



Find an EyeMed provider at ameritas.com under Find a Provider, or call EyeMed at 866-289-0614.

Benefit Summary	In Network	Out of Network
Annual Deductible	\$10 exam, \$25 eyeglass lenses	
Benefit Frequencies	Exam-Lens-Frame frequencies are 12-12-24 months. Choose eyeglass lenses or contacts every 12 months.	
Annual Eye Exam	100%	\$35
Single Vision Lenses	100%	\$25
Bifocal Lenses	100%	\$40
Trifocal Lenses	100%	\$55
Progressive Lenses	Standard progressives in network are \$65. Premium progressives in network are discounted.	
Frame	\$130	\$65
Contact Lenses/Fit & Follow up	\$130	\$104

- Example: Annual eye exam covered 100% in network. Out of network, annual exam is covered up to \$35.
- 15% off remaining balance for conventional contact lenses

Network savings with EyeMed:

- 20% off remaining frame balance and 20% off materials not covered by plan (excludes lens upgrades)
- 40% off complete pair prescription glasses after plan benefit
- Special pricing on lens upgrades such as UV coating and polycarbonate lenses
- 15% off retail price, or 5% off promotional price, for LASIK or PRK with U.S. Laser Network owned by LCA-Vision

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

Monthly Rates

	V00484
Employee	\$8.60
Employee & Spouse	\$17.20
Employee & Children	\$15.00
Employee & Family	\$23.60

Limitations

Please refer to the Certificate of Insurance for a complete list of covered procedures. Check for availability in your state. Covered expenses will not include and no benefits will be payable for:

- Vision examinations, lenses and frames more than the frequency as indicated on the plan summary page.
- Orthoptics or vision training and any associated supplemental testing.
- Plano lenses (lenses with refractive correction of less than plus or minus .50 diopter) except as specifically allowed in the frames benefit section of the Plan Benefits.
- Two pairs of glasses in lieu of bifocals.
- Replacement of spectacle lenses, frames, and/or contact lenses furnished under this plan that are lost or damaged, except at the normal intervals when services are otherwise available.
- Medical or surgical treatment of the eyes.

Vision Perfect®

- Plan includes the **Flat Maximum**
- Members select the vision provider of their choice, pay the provider and submit a claim for reimbursement. They may take advantage of any special pricing offers made by the provider.
- The Flat Max plan gives members more control over how their benefits are spent. A fixed annual maximum of \$100 may be spent on eligible exam-lens-frame benefits collectively.

Benefit Summary	Flat Max Plan
Annual Eye Exam	Subject to Maximum
Single Vision Lenses	
Bifocal Lenses	
Trifocal Lenses	
Lenticular Lenses	
Progressive Lenses	
Frames	
Contact Lenses	

- No vision network, choose any provider*
- Members may save 15% off prescription eyeglasses at Walmart Vision Centers
- Flat Max benefit dollars may be spent on any eligible services or materials up to \$100
- No Exam-Lens-Frame Frequencies (Flat Max)

Monthly Rates

	Flat Max Plan
Employee	\$6.20
Employee & Spouse	\$12.40
Employee & Children	\$10.84
Employee & Family	\$17.04

Limitations

Please refer to the Certificate of Insurance for a complete list of covered procedures. Check for availability in your state. Covered expenses will not include and no benefits will be payable for:

- Vision examinations, lenses and frames exceeding the set annual benefit amount.
- Examinations performed or frames or lenses ordered before the member was covered under the plan.
- Subject to extension of benefits, any examination performed or frame or lens ordered after the coverage under the plan ceases.
- Sub-normal eye care aids; orthoptic or eye care training or any associated testing.
- Non-prescription lenses.
- Any eye examination or corrective eyewear required by an employer as a condition of employment.
- Medical or surgical treatment of the eyes.
- Any service or supply not shown on the Schedule of Eye Care Procedures.
- Coated lenses; oversize lenses (exceeding 71 mm); photo-gray lenses; polished edges; UV-400 coating and facets, and tints other than solid.
- Claims filed more than 90 days after completion of the service (or longer than 90 days in certain states). An exception is if the Insured shows it was not possible to submit the proof of loss within this period.

Plan Requirements for All Plans

Administrative fee for groups with 15 or fewer enrolled employees, subject to state requirements, unless paying by electronic funds transfer	\$15 per month
Printed paper certificates cost	20¢ per covered employee
Home address mailing cost	36¢ per covered employee
COBRA administration cost	63¢ per covered employee

- Rates/benefits quoted are based on a minimum of 3 enrolled employees. All rates and benefits quoted are not valid if the final enrollment is below the minimum threshold.
- Employer funding not required. If no employer money is involved, it is required that the vision plan will be sold in conjunction with a bona fide cafeteria plan regulated by Section 125 of the Internal Revenue Service code and it must meet all Section 125 requirements.
- No benefits are payable for a service which is not listed under the Schedule of Eye Care Services found in the certificate. Members pay costs exceeding plan benefits.
- Benefits available for all full-time, active employees working at least 30 hours per week who have completed the designated waiting period.
- Prescription medication savings through many pharmacies across the nation requires an Rx savings ID card available through the Ameritas secure member portal. This non-insurance discount is available at no additional cost.
- With Vision Perfect, the eyewear savings through Walmart Vision Centers requires a savings ID card available through the Ameritas secure member portal. This non-insurance discount is available at no additional cost.
- Through AXA Assistance, Ameritas offers vision plan members access to emergency vision provider referrals when traveling outside the U.S.

All rates are valid for groups with effective dates of 8/1/2017 through 7/31/2018, and are guaranteed for two years (or may be set to align with the Section 125 plan year for voluntary plans).

This brochure highlights the vision coverage available through Ameritas Life Insurance Corp. Please refer to the Certificate of Insurance for a complete list of covered procedures. Options listed available in most states. Check with your Ameritas sales representative for product approval and availability.

Insured By



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) and individual dental and vision products (Indiv. 9000 Ed. 07-16) are issued by Ameritas Life. Some plan designs are not available in all areas. In Texas, our dental network and plans are referred to as the Ameritas Dental Network.

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