

## Vision Perfect® Plan Summary

Effective Date: 1/1/2012 - 1/1/2016

<b>Deductibles</b>	\$0*
<b>Maximum Calendar Year</b>	\$350
<b>Annual Eye Exam</b>	Subject to maximum
<b>Lenses (per pair)</b>	
<b>Single Vision</b>	Subject to maximum
<b>Bifocal</b>	Subject to maximum
<b>Trifocal</b>	Subject to maximum
<b>Lenticular</b>	Subject to maximum
<b>Progressive</b>	Subject to maximum
<b>Contacts</b>	
<b>Elective/Medically Necessary</b>	Subject to maximum
<b>Frames</b>	Subject to maximum
<b>Frequencies (months)</b>	
<b>Exam/Lens/Frame</b>	None
	Based on date of service**

\*Deductible applies to the first service received

\*\*After the doctor is paid for services, submit a claim within 90 days for reimbursement (180 days in North Carolina).

## Weekly Rates

<b>Team Member Only</b>	\$1.99
<b>TM + Spouse</b>	\$4.09
<b>TM + Children</b>	\$3.49
<b>TM + Spouse &amp; Children</b>	\$5.59

## EyeMed Discounts (These discounts are not insurance.)

<b>Exam with dilation as necessary</b>	\$5 off routine exam \$10 off contact lens exam	<b>LASIK or PRK</b> Average discount of 15% off retail price, or 5% off promotional price through U.S. Laser Network.
<b>Standard Plastic Lenses</b>		<b>LIMITATIONS AND EXCLUSIONS</b> These discounts from providers on the EyeMed Access Network are only available to groups who have a specific schedule/defined benefit eye care plan in place. The discounts may not be combined with any other discounts or promotional offers. Retail prices may vary by location.
<b>Single Vision</b>	Member pays \$50	Discounts are not available for the following procedures, material or services. <ul style="list-style-type: none"> <li>• Orthoptic or vision training, subnormal vision aids, and any associated supplement testing.</li> <li>• Medical and/or surgical treatment of the eye, eyes, or supporting structures.</li> <li>• Corrective eye wear required by an employer as a condition of employment, and safety eye wear unless specifically covered under the plan.</li> <li>• Services provided as a result of any Worker's Compensation law.</li> <li>• Plano non-prescription lenses and non-prescription sunglasses (except for 20% discount).</li> <li>• EyeMed's providers' professional services or disposable contact lenses.</li> <li>• Two pairs of glasses in lieu of bifocal.</li> </ul>
<b>Bifocal</b>	Member pays \$70	
<b>Trifocal</b>	Member pays \$105	
<b>Frame</b>	35% off retail price with a complete pair of glasses (Items purchased separately - 20% off retail price)	
<b>Standard Progressive Lenses</b>	\$65 + Standard Plastic Lens cost	
<b>Premium Progressive Lenses</b>	20% discount	
<b>Standard Polycarbonate Tint (Solid &amp; Gradient)</b>	Member pays \$40	
<b>Scratch Resistant Coating</b>	Member pays \$15	
<b>Anti-Reflective Coating</b>	Member pays \$15	
<b>Ultraviolet Coating</b>	Member pays \$15	
<b>Other Add-Ons</b>	20% discount	
<b>Contact Lenses</b>	15% off retail price (does not apply to fitting). After initial purchase, replacements by mail are offered at substantial savings via eyemedvisioncare.com.	

# United Supermarkets, LLC

*Eye Care Highlight Sheet*



## **Ameritas Information**

### **We're Here to Help**

This plan was designed specifically for the associates of **United Supermarkets, LLC**. At Ameritas Group, we do more than provide coverage - we make sure there's always a friendly voice to explain your benefits, listen to your concerns, and answer your questions. Our customer relations associates will be pleased to assist you 7 a.m. to midnight (Central Time) Monday through Thursday, and 7 a.m. to 6:30 p.m. on Friday. You can speak to them by calling toll-free: 800-487-5553. For plan information any time, access our automated voice response system or go online to [ameritasgroup.com/member](http://ameritasgroup.com/member). To receive information about locations of EyeMed Vision Care providers, call EyeMed toll-free at 866-828-0926.

### **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.

This document is a highlight of plan benefits provided by Ameritas Life Insurance Corp. as selected by your employer. It is not a certificate of insurance and does not include exclusions and limitations. For exclusions and limitations, or a complete list of covered procedures, contact your benefits administrator.