

ULTIMATE CHOICESM offers dental and eye care benefits in one easy-to-administer plan. FUSION Simple allows the flexibility to combine dental and eye care annual maximums.

Eye Exam, Lenses, Frames, Frequencies

	Fusion Simple Annual Max:
Annual Eye Exam	\$150 Subject to maximum
Lenses (per pair)	
Single Vision	Subject to maximum
Bifocal	Subject to maximum
Trifocal	Subject to maximum
Lenticular	Subject to maximum
Progressive	Subject to maximum
Frames	Subject to maximum
Frequencies	None

Deductible, Maximum

Deductibles	\$0
Maximums	
Eye Care Calendar Year	\$150
Combined Dental and Eye Care Calendar Year	1000

*For details on the dental plan coverage, see the dental proposal

Contact Lenses

Fit & Follow Up Exams	Subject to maximum
Contacts	
Elective	Subject to maximum
Medically Necessary	Subject to maximum

Employee	1.32
Employee & Spouse	3.24
Employee & Child(ren)	2.44
Employee & Family	4.36

First Ameritas Vision Perfect® Eye Care

Vision Perfect eye care plans from First Ameritas are simple, straightforward, easy-to-administer plans designed to help your employees receive and pay for the eye care they need. Vision Perfect plan members are free to select any eye doctor, pay the doctor for all services, and then submit a claim form and receipt to First Ameritas for reimbursement. Benefits are reimbursed according to the plan the employer selects.

EyeMed network discounts

From a partnership between First Ameritas and EyeMed Vision Care, Vision Perfect plan members have access to discounts through specified providers. The discount is included on Vision Perfect plans in all states. Discounts are provided at no extra cost to plan members who use an EyeMed Access network provider. This stand-alone discount is not insurance.

To find an EyeMed network provider, visit our website at firstameritasgroup.com. Select Find a Provider, Eye Care, EyeMed, and then select EyeMed Access Plan Network. Enter your address information, select Locate Nearest Providers to view a list of participating providers in your area. Even if a provider is listed on the site, the member should call ahead to confirm the provider is participating and to inform the provider of their EyeMed coverage prior to receiving services.

plan requirements

- Employer funding is not required.
- If no employer contribution is involved, it is assumed the eye care plan will be sold in conjunction with a bonafide cafeteria plan
- The rates and benefits quoted are based on a minimum of 10 enrolled employees.
- No benefits are payable for a service which is not listed under the list of eye care services found in the certificate.
- Benefits available for all full-time, active employees working at least 30 hours per week who have completed the designated waiting period.
- This form highlights the eye care coverage available through First Ameritas Life Insurance Corp. of New York. Please refer to the Certificate of Insurance for a complete list of covered procedures.
- When creating the FUSION plan by combining dental and Vision Perfect eye care benefit, participation must match. In no event can a person be covered for the dental plan and not covered by the Vision Perfect benefit, or vice versa.
- Fusion plans are not available for "Preventive/Basic" only type plans.
- Choose from most of our available dental plans; not available with Flex 1, \$ensible Choice or brochured products.
- Commissions must be a flat 10% or less.
- FUSION Plan is available in states where State approval granted.

plan exclusions

- vision examinations more than the frequency as indicated on the plan summary page.
- lenses more than the frequency as indicated on the plan summary page.
- frames more than the frequency as indicated on the plan summary page.
- examinations performed or frames or lenses ordered before the member was covered under the eye care expense benefits.
- subject to extension of benefits, any examination performed or frame or lens ordered after the member's coverage under the eye care expense benefits ceases.
- sub-normal eye care aids; orthoptic or eye care training or any associated testing.
- non-prescription lenses.
- replacement or repair of lost or broken lenses or frames except at normal intervals.
- 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.