



# AMERITAS **FIRST** VISION PLAN OPTIONS

Employer Sponsored or Voluntary Rates for 4/1/2020 to 12/31/2021

**3 - 199 Eligible Employees**

**Word&Brown.**

Network	VSP	VSP	VSP	EyeMed	EyeMed	EyeMed	N/A
Plan Name	Focus Plan 1	Focus Plan 2	Focus Plan 3	Viewpoint Plan 1	Viewpoint Plan 2	Viewpoint Plan 3	Flat Max Vision Perfect
SUMMARY OF BENEFITS							
Frequency - Exam / Lenses / Frames	12 / 12 / 24	12 / 12 / 24	12 / 12 / 24	12 / 12 / 24	12 / 12 / 24	12 / 12 / 24	N/A
Exam Deductible *	\$10	\$10	\$10	\$10	\$10	\$10	All eligible services subject to \$150 / Calendar Year
Eye Glass Lenses or Frames Deductible * & **	\$25	\$25	\$25	\$25	\$25	\$25	
Frame Allowance *	\$100	\$130	\$150	\$100	\$130	\$150	
Contact Lense Allowance *	\$115	\$130	\$150	\$115	\$130	\$150	
RATES							
4-Tier							
Employee Only	\$7.24	\$8.28	\$8.60	\$6.56	\$7.48	\$7.76	\$7.04
Employee + Spouse	\$16.16	\$17.88	\$18.56	\$14.60	\$16.12	\$17.20	\$15.64
Employee + Child(ren)	\$13.12	\$14.48	\$15.00	\$11.88	\$13.04	\$14.00	\$12.72
Employee + Family	\$22.08	\$24.08	\$24.96	\$19.88	\$21.68	\$23.48	\$21.32

Network	VSP	VSP	VSP	EyeMed	EyeMed	EyeMed	N/A
Plan Name	Focus Plan 1	Focus Plan 2	Focus Plan 3	Viewpoint Plan 1	Viewpoint Plan 2	Viewpoint Plan 3	MCE Vision Perfect
<b>SUMMARY OF BENEFITS</b>							
Frequency - Exam / Lenses / Frames	12 / 12 / 12	12 / 12 / 12	12 / 12 / 12	12 / 12 / 12	12 / 12 / 12	12 / 12 / 12	12 / 12 / 12
Exam Deductible *	\$10	\$10	\$10	\$10	\$10	\$10	Up to \$50
Eye Glass Lenses or Frames Deductible * & **	\$25	\$25	\$25	\$25	\$25	\$25	Up to \$30 - \$130
Frame Allowance *	\$100	\$130	\$150	\$100	\$130	\$150	Up to \$80
Contact Lense Allowance *	\$115	\$130	\$150	\$115	\$130	\$150	Up to \$110
<b>RATES</b>							
4-Tier							
Employee Only	\$7.88	\$9.04	\$9.40	\$7.16	\$8.16	\$8.44	\$6.00
Employee + Spouse	\$17.60	\$19.52	\$20.20	\$15.92	\$17.60	\$18.76	\$12.96
Employee + Child(ren)	\$14.32	\$15.80	\$16.40	\$12.92	\$14.24	\$15.28	\$10.48
Employee + Family	\$24.08	\$26.24	\$27.24	\$21.68	\$23.68	\$25.60	\$17.44

## RATE / QUOTE ASSUMPTIONS

1. Plans are available only to groups situated in California or Nevada
  2. New Business Rates are good until December 31, 2021
  3. Commission is Flat 10% for Writing Agent
  4. Ameritas will administer the benefits
  5. Each individual group will be the policy holder
  6. Rates are guaranteed for 12 months from the effective date of coverage
  7. Renewal information will be sent individually to the group and mailed with proper notification to the group and broker
  8. Plans are quoted and sold as is no deviations from final plan design
  9. Minimum of three enrolled lives to be eligible for coverage, no case size rating
  10. Above Plan and Rates can not replace groups with current coverage through Ameritas
  11. No Contribution requirements to be eligible for coverage

*NOTE: A \$10 monthly administration fee will apply. The fee will be waived if the group elects to pay by electronic funds transfer and accepts online billing.*

*Group must register online at: <https://www.ameritas.com/service/register.asp>*

\* Deductible and Allowances are for In Network Services

\*\* Deductible applies to a complete pair of glasses or to