



**AMERITAS *FIRST* VISION PLAN OPTIONS**  
 Employer Sponsored or Voluntary Rates for 4/1/2020 to 12/31/2021  
**3 - 199 Eligible Employees**



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
<b>SUMMARY OF BENEFITS</b>							
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 Lens Allowance *	\$115	\$130	\$150	\$115	\$130	\$150	
<b>RATES</b>							
<b>4-Tier</b>							
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 Lens Allowance *	\$115	\$130	\$150	\$115	\$130	\$150	Up to \$110
<b>RATES</b>							
<b>4-Tier</b>							
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**

- |  |   |
|--|---|
| <ol style="list-style-type: none"> <li>1. Plans are available only to groups situated in California or Nevada</li> <li>2. New Business Rates are good until December 31, 2021</li> <li>3. Commission is Flat 10% for Writing Agent</li> <li>4. Ameritas will administer the benefits</li> <li>5. Each individual group will be the policy holder</li> <li>6. Rates are guaranteed for 12 months from the effective date of coverage</li> </ol> | <ol style="list-style-type: none"> <li>7. Renewal information will be sent individually to the group and mailed with proper notification to the group and broker</li> <li>8. Plans are quoted and sold as is no deviations from final plan design</li> <li>9. Minimum of three enrolled lives to be eligible for coverage, no case size rating</li> <li>10. Above Plan and Rates can not replace groups with current coverage through Ameritas</li> <li>11. No Contribution requirements to be eligible for coverage</li> </ol> |
|--|---|

*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