



CONTACT INFORMATION

Customer/Member Service	855-517-5307	
Dental & Vision Claims	Option 1	Ameritas Group Claims PO Box 82520 Lincoln, NE 68501 group@ameritas.com Fax 402-467-7336
Billing, Enrollment Status & Add-ons/Deletes	Option 2	group_assistants@ameritas.com
Directory Information	Option 3	
Sales & Product Information	Contact your Word & Brown representative	
Licensing, Compensation & Commissions	Option 5	group_licensing@ameritas.com
Broker Services, Tradeshow Requests or Marketing Materials	Option 6	wbservices@gotodais.com
Agent Portal Tech Support	Option 8	
EyeMed Claims	866-289-0614	www.eyemedvisioncare.com
VSP Claims	800-877-7195	www.vsp.com
Website	www.ameritas.com	

NEVADA COVERAGE

Nevada Vision Indemnity Counties	All counties
Nevada Vision PPO Counties	All counties

NOTE: Plans may not be available in all ZIP Codes within a county. Check with your Word & Brown representative to confirm if coverage is available for your group location.

OUT-OF-STATE COVERAGE

Is coverage offered for out-of-state employees?	Yes
What is the minimum percentage of employees required in NV?	No minimum requirement of employees located in NV, 3 if enrolled anywhere.
What states are allowed (or not allowed) for out-of-state coverage?	Employees can reside in any state and be covered. If the company situs location is WA or NY, not available. If the company situs is FL, there are separate rate brochures.
What plans (or plan types, such as PPO, indemnity, etc.) are offered for out-of-state employees?	All. Plan designs subject to state laws
Are rates for out-of-state employees based on the NV employer ZIP Code or based on out-of-state ZIP Code?	Vision plans are nationally rated.
Any other rules, restrictions, or guidelines not mentioned	N/A

PROVIDER NETWORKS

PPO Network	VSP Network Plus Affiliated for Focus Plans EyeMed Access Network for ViewPointe Plans
Select Any Vision Provider	MCE Vision Perfect Plan Flat Max Vision Perfect Plan





RATING INFORMATION

Group Size	101+
Rate Guarantee	2 years
Rates Vary by Industry?	No

PLAN ELIGIBILITY REQUIREMENTS

Minimum Employer Contribution

	Group Size
	3+
Employees	N/A
For Dependents	
% of Total Cost:	

PARTICIPATION

CONTRIBUTORY	
	Group Size
	3+
Employees	All plans require a minimum of 3 enrolled.
Dependents	
NON-CONTRIBUTORY	
Employees	All plans require a minimum of 3 enrolled.
Dependents	

OUT-OF-NETWORK CLAIM ADJUDICATION

Mail in for reimbursement. (If the member goes to Walmart, we have an arrangement that they will run the claim for the member.)

COVERAGE REQUIREMENTS

Are commission-only employees allowed?	Yes
Are 1099 employees allowed?	No
Any ineligible industries?	Eye doctors, all marijuana related businesses
Virgin groups eligible?	Yes
Wage & tax reports required?	May be requested if 50% or more of group is related

CARVE OUTS*

Exclusions allowed by carrier:

Hourly/Salary?	Offer to all eligible employees, no carve-outs
Management/Non-management?	Offer to all eligible employees, no carve-outs
Union/Non-union?	Allowed with underwriting approval
Minimum group size	3 enrolled

* Indicates a well-defined class of employees which may be selected from (i.e. carved out of) the entire group for coverage.

WAITING PERIOD WAIVER/TAKEOVER

Vision has no waiting periods or late entrant penalties.

Eligible employees can only elect or terminate coverage at open enrollment period each year, unless there is a qualifying life event.

SPECIAL CONSIDERATIONS

Discounts up to 10% for eyewear at Walmart.
Discounts at Walmart and Sam's Club for prescriptions.

Simple Add-ons:
LASIK Advantage and HearingCare available for groups with a minimum of 10 or more enrolled lives