

Cayuga Onondaga Group

Ameritas Vision Insurance Presentation



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Introductions

ENV Insurance Agency-

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Ameritas Vision Coverage

Plan Highlights

- * Ameritas Dual Network Vision Plan
- * Choice of VSP Focus or EyeMed ViewPointe
- * Must designate network at time of enrollment
- * \$0 Copay Plan
- * Exam/Lens/Frames frequency 12/12/24
- * Dependents Covered to Age 26



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Ameritas Vision - VSP or EyeMed

VSP Network	EyeMed Network
The largest network of independent doctors nationwide with retail chain affiliates including Costco Optical, Pearle Vision, Visionworks and Cohen's Fashion Optical.	Five of the top six national retail chains accept EyeMed including LensCrafters, Pearle Vision, Sears Optical, Target Optical and JCPenney Optical.



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Ameritas Vision - VSP or EyeMed

Vision Services	VSP - Focus		EyeMed - ViewPointe	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<u>Eye Exam:</u>	Every 12 months		Every 12 months	
	Covered in Full	Up to \$45	Covered in Full	Up to \$35



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Ameritas Vision - VSP or EyeMed

Vision Services	VSP - Focus		EyeMed - ViewPointe	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<u>Lenses:*</u>	Every 12 months		Every 12 months	
Single Vision	Covered in Full	Up to \$30	Covered in Full	Up to \$25
Bifocal	Covered in Full	Up to \$50	Covered in Full	Up to \$40
Trifocal	Covered in Full	Up to \$65	Covered in Full	Up to \$55
Lenticular	Covered in Full	Up to \$100	20% Discount	N/A

* Preset pricing for additional lens options & upgrades - See Plan Design Summary Pg. 6



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Ameritas Vision - VSP or EyeMed

Vision Services	VSP - Focus		EyeMed - ViewPointe	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<u>Frames:</u>	Every 24 months		Every 24 months	
	\$150 Allowance** 20% off balance	Up to \$75	\$150 Allowance 20% off balance	Up to \$75
<u>2nd Pair Discount:</u>	20%	N/A	40%	N/A

** Costco allowance will be the wholesale equivalent



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Ameritas Vision - VSP or EyeMed

Vision Services	VSP - Focus		EyeMed - ViewPointe	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<u>Contact Lenses:</u>	Every 12 months (In lieu of glasses)		Every 12 months (In lieu of glasses)	
<u>Fit & Follow Up Exams:</u>	Up to \$60	N/A	Standard: Up to \$55 Premium: 10% off retail	N/A
Elective -	Up to \$150	Up to \$120	Up to \$150	Up to \$120
Medically Necessary-	Covered in Full	Up to \$210	Covered in Full	Up to \$200



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Ameritas Vision - VSP or EyeMed

Additional Services/Savings

Additional Services/Savings	VSP	EyeMed
Laser Vision Correction (LASIK)	X	X
Preset Lens Option Pricing	X	X
Low Vision Services	X	
Rx Savings - (Ameritas NY Plan members)	X	X

Please be sure to refer to the Plan Summary Document for additional benefit details.



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Ameritas Vision - VSP or EyeMed

Plan Rates	Monthly
Employee	\$8.36
Employee + Family	\$19.92

***Voluntary Benefit - Paid via Payroll Deductions
Annual Open Enrollment***

- 30 Month Rate Guarantee -



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Ameritas Vision - VSP or EyeMed

Enrollment Forms due to Personnel Office
- by Thursday, December 5th

Coverage Effective January 1st



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ENV Insurance Agency

ENV Call Center

Customer Service - Get All
Your Claim and Benefit Questions
Answered

Monday-Friday 9-5

(315) 641-5848

Callcenter@insurewithenv.com



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