

# Olympic Benefit Trust

Eye Care Highlight Sheet



## Plan 4: ViewPointe® Plan H Summary

Effective Date: 1/1/2025

|                             | EyeMed Access Network            | Out of Network           |
|-----------------------------|----------------------------------|--------------------------|
| <b>Deductibles</b>          |                                  |                          |
|                             | \$10 Exam                        | No deductible            |
|                             | \$25 Eye Glass Lenses            |                          |
|                             | Covered in full                  | Up to \$35               |
| <b>Annual Eye Exam</b>      |                                  |                          |
| <b>Lenses (per pair)</b>    |                                  |                          |
| Single Vision               | Covered in full                  | Up to \$25               |
| Bifocal                     | Covered in full                  | Up to \$40               |
| Trifocal                    | Covered in full                  | Up to \$55               |
| Lenticular                  | 20% discount                     | No benefit               |
| Progressive                 | See lens options                 | NA                       |
| <b>Contacts</b>             |                                  |                          |
| Fit & Follow Up Exams       |                                  |                          |
| Standard                    | Standard: Member cost up to \$55 | No benefit               |
| Premium (Allowance)         | Premium: 10% off of retail       | No benefit               |
| Elective                    | Up to \$180                      | Up to \$144              |
| Medically Necessary         | Covered in full                  | Up to \$200              |
| <b>Frame Allowance</b>      | \$180                            | Up to \$90               |
| <b>Frequencies (months)</b> |                                  |                          |
| Exam/Lens/Frame             | 12/12/12                         | 12/12/12                 |
|                             | Based on date of service         | Based on date of service |

## Lens Options (member cost)

|                                  | EyeMed Access Network                                                                                                   | Out of Network |
|----------------------------------|-------------------------------------------------------------------------------------------------------------------------|----------------|
| <b>Progressive Lenses</b>        |                                                                                                                         | No benefit     |
| Standard                         | Standard: \$65 + lens deductible                                                                                        |                |
| Premium                          | Premium: lens cost                                                                                                      |                |
|                                  | - 20% discount                                                                                                          |                |
|                                  | - \$120 allowance                                                                                                       |                |
|                                  | + Standard Progressive cost                                                                                             |                |
| <b>Std. Polycarbonate</b>        | \$40                                                                                                                    | No benefit     |
| <b>Tint (solid and gradient)</b> | \$15                                                                                                                    | No benefit     |
| <b>Scratch Resistant Coating</b> | \$15                                                                                                                    | No benefit     |
| <b>Anti-Reflective Coating</b>   | \$45                                                                                                                    | No benefit     |
| <b>Ultraviolet Coating</b>       | \$15                                                                                                                    | No benefit     |
| <b>Lasik or PRK</b>              | Average discount of 15% off retail price or<br>5% off promotional price at US Laser<br>Network participating providers. | No benefit     |

## Additional ViewPointe® H Features

|                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                 |
|--------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>EyeMed In-Network Discounts</b>               | 15% discount off the remaining balance in excess of the conventional contact lens allowance. 20% discount off the remaining balance in excess of the frame allowance. 20% discount on items not covered by the plan at network providers, which may not be combined with any other discounts or promotional offers. This discount does not apply to EyeMed Provider's professional services, or contact lenses. |
| <b>EyeMed In-Network Secondary Purchase Plan</b> | Members receive a 40% discount on a complete pair of glasses once the funded benefit has been exhausted. Members receive a 15% discount off the retail price on conventional contact lenses once the funded benefit has been exhausted. Discount applies to materials only.                                                                                                                                     |
| <b>Contact Lens Replacement by Mail Program</b>  | After exhausting the contact lens benefit, replacement lenses may be obtained at significant discounts on-line. Visit <a href="http://www.eyemedvisioncare.com">www.eyemedvisioncare.com</a> for details.                                                                                                                                                                                                       |

*Based on applicable laws, reduced costs may vary by doctor location.*

## Rx Savings

Our valued plan members and their covered dependents can save on prescription medications at over 60,000 pharmacies across the nation including CVS, Walgreens, Rite Aid and Walmart. This Rx discount is offered at no additional cost, and it is not insurance.

To receive this Rx discount, Ameritas plan members just need to visit us at [ameritas.com](http://ameritas.com) and sign into (or create) a secure member account where they can access and print an online-only Rx discount savings ID card.

## Hearing Savings

With your Ameritas plan, you can receive hearing aid discounts through Great Hearing Benefits at their 4,500+ hearing care locations nationwide. Call 877-683-9495 for your free hearing consultation today. This savings arrangement is not insurance. It is available to members at no additional cost to their plan premium.

Highlights include: hearing exam for only \$50 (saves you \$100 off the industry average of \$150), up to 50% off retail pricing on today's top hearing technology, plus a satisfaction guarantee and warranty service.

## Eye Care Plan Member Service

ViewPointe eye care from Ameritas Group features the money-saving eye care network of EyeMed Vision Care. Customer service is available to plan members through EyeMed's well-trained and helpful service representatives. Call or go online to locate the nearest EyeMed network provider, view plan benefit information and more.

EyeMed Customer Care Center: 1-866-289-0614

- Service representative hours: 8 a.m. to 11 p.m. ET Monday through Saturday, 11 a.m. to 8 p.m. ET Sunday
- Interactive Voice Response available 24/7

Locate an EyeMed provider at: [ameritas.com](http://ameritas.com)

View plan benefit information at: [eyemedvisioncare.com](http://eyemedvisioncare.com)

## Language Services

We recognize the importance of communicating with our growing number of multilingual customers. That is why we offer a language assistance program that gives you access to: Spanish-speaking claims contact center representatives, telephone interpretation services in a wide range of languages, online dental network provider search in Spanish and a variety of Spanish documents such as enrollment forms, claim forms and certificates of insurance.

**This document is a highlight of plan benefits provided by Ameritas Life Insurance Corp. as selected by your employer. It is not a certificate of insurance and does not include exclusions and limitations. For exclusions and limitations, or a complete list of covered procedures, contact your benefits administrator.**