Vision Plans for Olympic Benefits Trust Members

High value, low cost, employee choice

Ameritas offers affordable vision plans with the two largest vision networks, VSP and EyeMed. You get the convenience of one carrier, one enrollment form, and one plan administration process.

Each plan helps employees save money, and maintain healthy eyes and sharper vision. Employers can offer a plan with access to the VSP or EyeMed network. Employers with more than 20 employees can offer multiple plans and employees choose the network they prefer.

Ameritas®

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VSP offers the nation's largest network of independent doctors. Retail locations* include:

COSTCO OPTICAL · Walmart Save money. Live better. · sam's club · Visionworks · PEARLE VISION EST. 1961

In-network online options for purchasing eyewear: eyeconic.com

Additional savings VSP provider discounts:

- 20% off any amount exceeding retail frame allowance
- 20-30% off additional prescription glasses and non-prescription sunglasses
- 30-40% off lens enhancements
- An extra $20-40 to spend on featured frame brands
- 15% average off retail for LASIK or PRK laser eye correction, or 5% off promotional price, through a VSP provider.

Based on applicable laws, reduced costs may vary by doctor location and material type. Costs are subject to change without notice.

	Key differences between the plans					
	Plan 1	**Plan 2**	**Plan 3**	**Plan 4**	**Plan 5**	**Plan 6**
	In- and out-of-network					
Deductible	$10 exam $10 materials	$10 exam $10 materials	$10 exam $25 materials	$10 exam $25 materials	$20 exam $20 materials	$20 exam $20 materials
	Choose an allowance: displayed as in-network / out-of-network					
Frames	$150 / Up to $70	$180 / Up to $70	$150 / Up to $70	$180 / Up to $70	$150 / Up to $70	$180 / Up to $70
Contacts	$150 / Up to $120	$180 / Up to $145	$150 / Up to $120	$180 / Up to $145	$150 / Up to $120	$180 / Up to $145

	Plan details for all plans	
	What the plans pay in-network	What the plans pay out-of-network
Annual eye exam	100%	Up to $45
Lenses		
Single Vision	100%	Up to $30
Bifocal	100%	Up to $50
Trifocal	100%	Up to $65
Standard polycarbonate	Covered in full for dependent children $33 adults	No benefit
Solid and gradient dye	$15-$17	No benefit
Photochromatic lenses	$31-$82	No benefit
Scratch resistant coating	$17-$33	No benefit
Anti-reflective coating	$43-$85	No benefit
Ultraviolet coating	$16	No benefit

Exams, lenses and frames are available every 12 months for all plans.

Effective date: 1/1/2026

Monthly Rates					
	Frame and contact allowance $150/$150	**Employee Only**	**Employee + One**	**Employee + Children**	**Employee + Family**
Plan 1	Copay: $10/$10	$13.06	$21.80	$24.50	$35.08
Plan 3	Copay: $10/$25	$11.19	$18.82	$21.66	$30.50
Plan 5	Copay: $20/$20	$10.61	$17.93	$20.81	$29.08
	Frame and contact allowance $180/$180	**Employee Only**	**Employee + One**	**Employee + Children**	**Employee + Family**
Plan 2	Copay: $10/$10	$13.94	$23.18	$25.88	$37.30
Plan 4	Copay: $10/$25	$12.26	$20.47	$23.34	$33.30
Plan 6	Copay: $20/$20	$11.63	$19.53	$22.46	$31.70

EyeMed's network includes some of the most recognized names, including:

LensCrafters · Pearle Vision · Target Optical℠

In-network online option for purchasing eyewear: contactsdirect.com, glasses.com, lenscrafters.com, ray-ban.com, targetoptical.com

EyeMed provider discounts:

- 20% off any amount exceeding retail frame allowance
- 40% off complete pair of prescription glasses after plan benefit
- 20% off materials not covered by plan, including non-prescription sunglasses (excludes lens upgrades)
- 15% off remaining contact lens balance and additional contacts after plan benefit
- 15% off retail price for LASIK or PRK laser eye correction, or 5% off promotional price, with U.S. Laser Network owned by LCA-Vision

Based on applicable laws, reduced costs may vary by doctor location and material type. Costs are subject to change without notice.

	Key differences between the plans					
	Plan 1	**Plan 2**	**Plan 3**	**Plan 4**	**Plan 5**	**Plan 6**
Deductible	$10 exam $10 materials	$10 exam $10 materials	$10 exam $25 materials	$10 exam $25 materials	$20 exam $20 materials	$20 exam $20 materials
	No deductible when visiting an out-of-network provider					
	Plan allowances in-network/out-of-network					
Frames	$150 / Up to $75	$180 / Up to $90	$150 / Up to $75	$180 / Up to $90	$150 / Up to $75	$180 / Up to $90
Contacts	$150 / Up to $120	$180 / Up to $144	$150 / Up to $120	$180 / Up to $144	$150 / Up to $120	$180 / Up to $144

	Plan details for all plans	
	What the plans pay in-network	What the plans pay out-of-network
Annual eye exam	100%	Up to $35
Lenses		
Single Vision	100%	Up to $25
Bifocal	100%	Up to $40
Trifocal	100%	Up to $55
Standard polycarbonate	$40	No benefit
Tint (solid and gradient)	$15	No benefit
Scratch resistant coating	$15	No benefit
Anti-reflective coating	$45	No benefit
Ultraviolet coating	$15	No benefit
LASIK or PRK	Average discount of 15% off retail price or 5% off promotional price at US Laser Network participating providers.	No benefit

Exams, lenses and frames are available every 12 months for all plans.

Effective date: 1/1/2026

Monthly Rates					
	Frame and contact allowance $150/$150	**Employee Only**	**Employee + One**	**Employee + Children**	**Employee + Family**
Plan 1	Copay: $10/$10	$13.06	$21.80	$24.50	$35.08
Plan 3	Copay: $10/$25	$11.19	$18.82	$21.66	$30.50
Plan 5	Copay: $20/$20	$10.61	$17.93	$20.81	$29.08
	Frame and contact allowance $180/$180	**Employee Only**	**Employee + One**	**Employee + Children**	**Employee + Family**
Plan 2	Copay: $10/$10	$13.94	$23.18	$25.88	$37.30
Plan 4	Copay: $10/$25	$12.26	$20.47	$23.34	$33.30
Plan 6	Copay: $20/$20	$11.63	$19.53	$22.46	$31.70

Plan Guidelines

- Individual experience is not available for pooled groups.
- 24-month rate guarantee and contract term except in Florida which has a 12 month rate guarantee.
- These rates assume a minimum employer contribution of 75% toward employees and dependents or 100% participation of employees and dependents enrolled in the medical or dental plan.
- Rates are based on net of commission.
- Platform participation and associated fees are not included.
- The first copay applies to the eye examination and the second copay applies to materials.
- Rates include all applicable taxes and health assessment fees known as of the date of the proposal.

Limitations

VSP

Please refer to the Certificate of Insurance for a complete list of covered procedures. Check for availability in your state. Covered expenses will not include, and no benefits will be payable for:

- In-network contact lens exam – fit & follow-up cost is capped at $60 (except in WA).
- Vision examinations, lenses and frames more than the frequency as indicated on the plan summary page.
- Services and/or materials not specifically included in the Schedule as covered Plan Benefits.
- Plano lenses (lenses with refractive correction of less than plus or minus .50 diopter) except as specifically allowed in the frames benefit section of the Plan Benefits.
- Services or materials that are cosmetic, including plano contact lenses to change eye color and artistically painted contact lenses.
- Two pairs of glasses in lieu of bifocals.
- Replacement of spectacle lenses, frames, and/or contact lenses furnished under this plan that are lost or damaged, except at the normal intervals when services are otherwise available.
- Orthoptics or vision training and any associated supplemental testing.
- Medical or surgical treatment of the eyes.
- Contact lens modification, polishing or cleaning.
- The refitting of contact lenses after the initial 90-day filing period.
- Contact lens insurance policies or service contracts.
- Additional office visits associated with contact lens pathology.
- Local, state and/or federal taxes, except where law requires us to pay.
- Covered persons may be required to purchase a membership at certain retail locations before accessing plan benefits.
- Plans not available in RI.
- Specific plans not listed in this brochure are available for MA and MD.

Consult your sales representative regarding plan availability in the states of MA and MD.

EyeMed

Please refer to the Certificate of Insurance for a complete list of covered procedures. Check for availability in your state. Covered expenses will not include, and no benefits will be payable for:

- Vision examinations, lenses and frames more than the frequency as indicated on the plan summary page.
- Orthoptics or vision training and any associated supplemental testing.
- Plano lenses (lenses with refractive correction of less than plus or minus .50 diopter) except as specifically allowed in the frames benefit section of the Plan Benefits.
- Two pairs of glasses in lieu of bifocals.
- Replacement of spectacle lenses, frames, and/or contact lenses furnished under this plan that are lost or damaged, except at the normal intervals when services are otherwise available.
- Medical or surgical treatment of the eyes.
- Plans not available in RI.
- Specific plans not listed in this brochure are available for MA , MT, ME and MD.

Consult your sales representative regarding plan availability in the states of MA and MD.

*Not all providers at Costco, Walmart and Sam's Club locations are VSP network providers. Please verify that your provider is in the VSP network before seeking services. The frame allowance at some retailers may be less due to lower wholesale pricing.

Ameritas
fulfilling life.