

Dental and vision insurance can be just as important to a lifetime of good health as your medical plan. By combining dental and vision into one plan, you and your family can receive the care you need most. Take a closer look at these benefits before your enrollment deadline.

# Dental and Vision Benefits

effective

## Using your benefits is easy

Your dental and vision benefits are combined into one easy-to-use plan. You choose how to spend your benefit dollars. With this kind of flexibility, it's easy to make the most of your benefits. See the plan summary in this brochure for more details.



### Dental benefit

You are free to visit any dental provider, and family members do not have to see the same provider. Ameritas Dental Network providers have agreed to charge 25-50% less than their regular rates which can lower your out-of-pocket costs. Visit **ameritas.com – Find a Health Provider** to search for network providers.



### Vision benefit

A portion of your dental maximum can be used to help cover vision expenses. Simply select your preferred vision provider, pay the provider, and submit a claim for reimbursement. There's no network so you can take advantage of special pricing offers from any eye doctor.

## Quickly access your information

With your secure member account, you can check plan benefits and claim status, sign up for electronic benefit statements, and access discount ID cards. Submit a vision claim by uploading photos of your completed vision claim form and receipt. Just go to **ameritas.com** and select Sign In, Dental, Vision & Hearing, Member Sign In to get started after your benefit coverage begins.



## Know the cost of dental procedures


Do you want to know the average cost of a root canal? Or how much a crown costs? Use the dental cost estimator to find average procedure charges in your area. Estimates do not include network discounts or plan benefits. Find the dental cost estimator at [ameritas.com/applications/group/estimator](https://ameritas.com/applications/group/estimator).

After your coverage begins, you can view average in-network charges in your secure member account. You also may ask your dentist's office to submit a pretreatment estimate so you can see exactly how a proposed service would be covered and avoid any surprises. The pretreatment estimate is based on your plan benefits.

Note: Dental and vision claims are processed as they are received. If you reach your dental maximum, no further benefits will be available for dental or vision expenses until the following benefit year.

## Get more from your benefits

**Prescription drug savings:** Save at over 60,000 pharmacies across the nation including CVS, Walgreens, Rite Aid and Walmart. Participating pharmacies give your normal health care pharmacy benefit, or the prescription discount, whichever saves you more. You can share this discount card with friends and family.

Prescription Drug Savings Card	THIS IS NOT INSURANCE
 fulfilling life.	Certain terms and conditions apply. View terms and conditions at <a href="https://ameritas.com/rxterms">ameritas.com/rxterms</a> . Void where prohibited. Discounts available only at participating pharmacies. Process all prescriptions electronically.
Member Name: _____	For prescription discount drug pricing please visit <a href="https://ameritas.com/rxpricing">ameritas.com/rxpricing</a> .
RxBin # 017529 Group # AMERITAS Member ID # AMER2233 PCN: AMRX	Discounts available at over 60,000 pharmacies across the nation. To find a pharmacy visit <a href="https://ameritas.com/rxpharmacy">ameritas.com/rxpharmacy</a> .
This is not insurance Administered by Elixir Savings	Pharmacy and member help desk <b>1-877-684-0032</b>
GR 6269 10-20	This is a FREE card and may not be sold.
GR 6269 10-20	GR 6269 10-20



**Eyewear savings:** As an Ameritas insured member, you can save on a complete pair of prescription eyeglasses at Walmart Vision Centers nationwide.



**Worldwide support:** If you're traveling outside the U.S. and have a dental or vision emergency, AXA Assistance can help find a provider and schedule an appointment. Please note these are not Ameritas providers. AXA is part of a global organization with offices in more than 30 countries.<sup>1</sup>

These services and discounts are offered at no additional cost and are not insurance. You can find the savings cards and more information in your secure member account.

**¿en español?: Ameritas offers Spanish-speaking claims representatives and translation services. After your coverage begins, call 800-487-5553.**



<sup>1</sup> Dental or vision provider referral assistance services are independently offered and administered by AXA Assistance USA, Inc. (AXA). Providers referred by AXA are not members of the Ameritas network. Referral to an AXA provider is not a guarantee of benefits, and all policy provisions and limitations would apply.

This is not a certificate of insurance or guarantee of coverage. Plan designs may not be available in all areas and are subject to individual state regulations. This piece is not for use in New Mexico. This information is provided by Ameritas Life Insurance Corp. (Ameritas Life). Dental, vision and hearing care products (9000 Rev. 03-16 for Group and 9000 Rev. 02-19 for Individual, dates may vary by state) are issued by Ameritas Life. The Dental and Vision Networks are not available in RI. In Texas, our dental network and plans are referred to as the Ameritas Dental Network. Ameritas, the bison design, "fulfilling life" are service marks or registered service marks of Ameritas Life, affiliate Ameritas Holding Company or Ameritas Mutual Holding Company. © 2021 Ameritas Mutual Holding Company.

**FUSION** combines dental and eye care benefits into one easy-to-administer plan. This plan combines the annual maximum between the dental and vision plans.

For the maximum:

The member can use up to \$1,000 toward any covered dental expense.

The member can use up to \$150 toward any covered eye care expense.

Total benefits paid between the two coverages will not exceed \$1,000.

### **Dental Plan Benefits** *subject to FUSION plan design listed above*

Networks: Classic	In-Network	Out-of-Network
Type 1 Preventive No Waiting Period	100%	80%
	Routine Exam (2 per Benefit Period)	Routine Exam (2 per Benefit Period)
	Bitewing X-rays (2 per Benefit Period)	Bitewing X-rays (2 per Benefit Period)
	Cleaning (2 per Benefit Period)	Cleaning (2 per Benefit Period)
	Fluoride for Children 14 and under (2 per Benefit Period)	Fluoride for Children 14 and under (2 per Benefit Period)
	Sealants 14 and under (1 in 3 years 1st and 2nd permanent molars)	Sealants 14 and under (1 in 3 years 1st and 2nd permanent molars)
Type 2 Basic No Waiting Period	80%	60%
	Simple Extractions	Simple Extractions
	Restorative Amalgams	Restorative Amalgams
	Restorative Composites	Restorative Composites
Type 3 Major No Waiting Period	50%	50%
	Surgical Extractions	Surgical Extractions
	Endodontics (nonsurgical)	Endodontics (nonsurgical)
	Periodontics (nonsurgical)	Periodontics (nonsurgical)
	Crowns (1 in 10 years per tooth)	Crowns (1 in 10 years per tooth)
	Endodontics (surgical)	Endodontics (surgical)
	Periodontics (surgical)	Periodontics (surgical)
	Prosthodontics (Bridges, Dentures) (1 in 10 years)	Prosthodontics (Bridges, Dentures) (1 in 10 years)

### **Deductible\***

Type 1	\$0	\$0
Type 2 and 3	\$50 per person, per calendar year	\$50 per person, per calendar year
Family Maximum	\$150 per Calendar Year	\$150 per Calendar Year

### **Benefit Year Maximum**

Type 1, 2, and 3 (per person, per calendar year)	\$1,000	\$1,000
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### **Orthodontia Benefits** (children under age 19)

No waiting period

Plan Benefit	50%	50%
Lifetime Deductible	\$0	\$0
Lifetime Maximum (per person)	\$1,000	\$1,000

### **Claims Allowance**

Type 1, 2 and 3	Discounted Fee	Maximum Allowable Benefit
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**Vision Plan Benefits** *subject to FUSION plan design listed above*

<b>Allowances</b>		<b>Frequencies Based on date of service**</b>	
Exam	Subject to Maximum	Exam	None
Lenses (per pair)		Lenses	None
Single	Subject to Maximum	Frames	None
Bifocal	Subject to Maximum		
Trifocal	Subject to Maximum		
Lenticular	Subject to Maximum	Maximum	\$150
Progressive	Subject to Maximum	Deductibles (Lifetime deductible)	\$0
Contacts			
Elective/Medically Necessary	Subject to Maximum		
Frames	Subject to Maximum		

*\*Deductible applies to the first service received*

*\*\*Please submit claims within 90 days of the date of service so that the plan can consider benefits (subject to State requirements).*

**Open Enrollment**

If you do not elect to participate when initially eligible, you may elect to participate at the policyholder's next enrollment period, which normally coincides with the policy anniversary date.

**Provider Flexibility and Network Savings**

Members aren't limited to one particular dentist, or a small group of providers, who may or may not be taking new patients. Each plan member is free to visit any provider they choose, including your current dentist, regardless if they are in- or out-of-network. And family members do not have to see the same dentist. When you visit an in-network dentist there are no claim forms to complete. For a list of network dentists in your area, go to Find A Provider at Ameritas.com.



The Ameritas Dental Network is one of the nation's largest.

Network providers have agreed to charge **25-50% less** than their regular rates which can lower your out-of-pocket costs.

**Late Entrant**

We strongly encourage you and/or your dependents to sign up for coverage when you are initially eligible. If you choose to enroll after initially declined, you and/or your eligible dependents will be considered a Late Entrant. Covered expenses will not include and benefits will not be payable in the first 12 months that a person is insured if the person is a Late Entrant; except for evaluations, prophylaxis (cleanings), and fluoride application. After 12 months, you will have access to all of the plan's benefits.

## Member Savings

### Prescription savings

Just for participating in our dental, vision or hearing care plans, members can save big on prescription medications through one of the world's largest retailers. **No additional cost. Only savings.**

#### Extra Value

Our plan members, 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.

Participating pharmacies will give Ameritas plan members their normal health care pharmacy benefit, or the prescription discount, whichever saves them more. Even if the employees already have health insurance pharmacy benefits, they are welcome to check out this Rx discount.

Find a pharmacy near you – <http://www.emsmed.com/vendors/pharmacy.aspx>

Look up a price – <http://www.emsmed.com/vendors/rxpricing.aspx?groupid=Ameritas>

#### Rx Savings

Members can receive up to 65% savings on generic prescriptions, and overall average savings of 40% across brand name and generic prescription combined.



### Save on frames and lenses

Save up to 10% off eyewear frames and lenses purchased at any Walmart Vision Center nationwide. This is available to you without any additional cost to your plan premium.

You may receive savings on the following vision care products at Walmart Vision Centers:



- **top quality frames** for the entire family including today's most popular brands.



- wide selection of **lens options**; all lenses come with scratch resistant coating for no additional charge.



- **safety eyewear.**

### Guarantees

Walmart Vision Centers stand behind their products and workmanship by offering:

- 60-day frame and lens satisfaction guarantee.
- 12-month replacement guarantee on broken or damaged frames or lenses.
- lifetime adjustments and cleanings.

## Customer Service

Customer Connections **800-487-5553** [www.Ameritas.com](http://www.Ameritas.com)

Monday - Thursday 7am-12am CST, Friday 7am-6:30pm CST

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**FUSION** combines dental and eye care benefits into one easy-to-administer plan. This plan combines the annual maximum between the dental and vision plans.

For the maximum:

The member can use up to \$1,500 Non PPO - \$2,000 PPO toward any covered dental expense.

The member can use up to \$150 toward any covered eye care expense.

Total benefits paid between the two coverages will not exceed \$2,000.

### **Dental Plan Benefits** *subject to FUSION plan design listed above*

Networks: Classic	In-Network	Out-of-Network
Type 1 Preventive No Waiting Period	100%	100%
	Routine Exam (2 per Benefit Period) Bitewing X-rays (2 per Benefit Period) Cleaning (2 per Benefit Period) Fluoride for Children 14 and under (2 per Benefit Period) Sealants 14 and under (1 in 3 years 1st and 2nd permanent molars)	Routine Exam (2 per Benefit Period) Bitewing X-rays (2 per Benefit Period) Cleaning (2 per Benefit Period) Fluoride for Children 14 and under (2 per Benefit Period) Sealants 14 and under (1 in 3 years 1st and 2nd permanent molars)
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	Simple Extractions Restorative Amalgams Restorative Composites	Simple Extractions Restorative Amalgams Restorative Composites
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No waiting period		
Plan Benefit	50%	50%
Lifetime Deductible	\$0	\$0
Lifetime Maximum (per person)	\$1,500	\$1,500

### **Claims Allowance**

Type 1, 2 and 3	Discounted Fee	90th U&C
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**Vision Plan Benefits** *subject to FUSION plan design listed above*

<b>Allowances</b>		<b>Frequencies Based on date of service**</b>	
Exam	Subject to Maximum	Exam	None
Lenses (per pair)		Lenses	None
Single	Subject to Maximum	Frames	None
Bifocal	Subject to Maximum		
Trifocal	Subject to Maximum		
Lenticular	Subject to Maximum	Maximum	\$150
Progressive	Subject to Maximum	Deductibles (Lifetime deductible)	\$0
Contacts			
Elective/Medically Necessary	Subject to Maximum		
Frames	Subject to Maximum		

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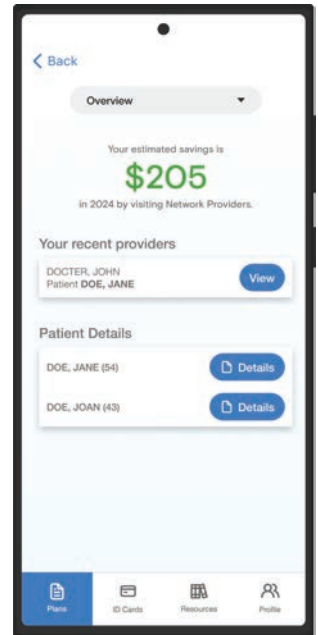
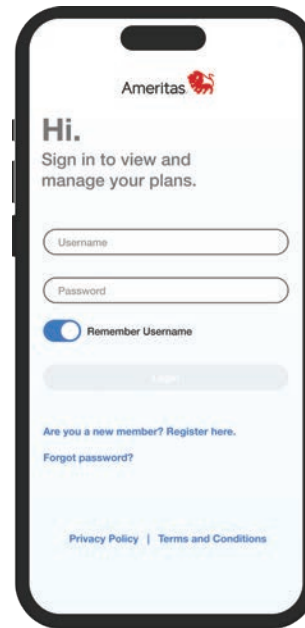


# Download Our App

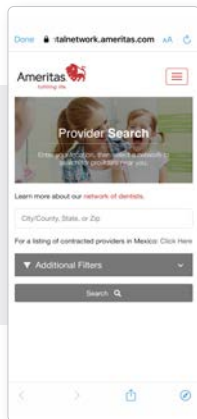
As a companion to our secure member portal, we've expanded our benefit access options with the **Ameritas Benefits** app. Members can easily search for providers, view dental benefits and processed claims, and access ID cards once benefits become effective.



Available for  
iOS and Android



## FEATURES



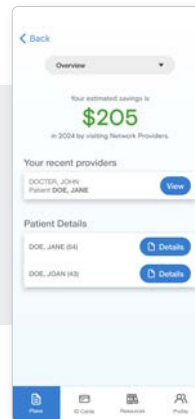
Find a dentist  
in your area



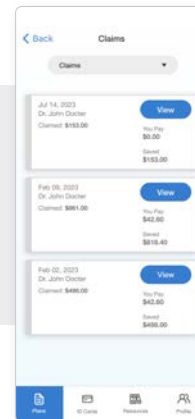
Quickly access all  
your ID cards\*



Access your benefit  
information\*



View deductible  
and maximum  
benefit usage



View and  
download EOBs



Opt-in to paperless  
delivery

## Download Now

For access, use your Member ID found on your ID card. This may also be your Confirmation Number or SSN.



\*Additional access includes vision and LASIK benefit information when applicable.

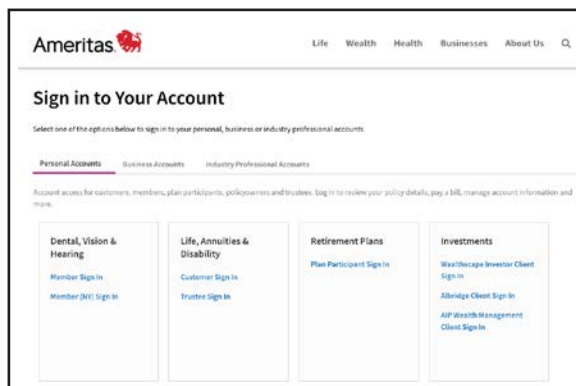
# Find a Dental Provider

## Quick reference

### 1

#### Step 1: Know your network

- Find the network name by looking at your [ID card](#), plan materials, or calling customer connections at 800-487-5553.



### 2

#### Step 2: Go online

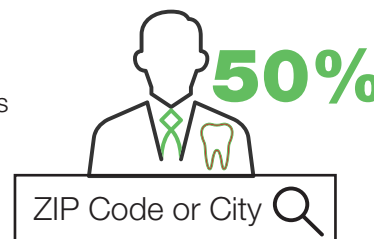
- Go to [dentalnetwork.ameritas.com](https://dentalnetwork.ameritas.com) or [ameritas.com](https://ameritas.com) – [Find a Health Provider](#)
- Enter your location and then choose the network name to search for a dental provider.



### 3

#### Step 3: Search providers

- Network providers charge 25-50% less than their regular rates. Dentists in **green** offer the most savings, closer to 50%.
- Use Additional Filters to search by provider name, practice/business name, or specialty.
- Tip:** If you can't find a specific provider or location by name, search by ZIP Code or city.



#### Help us improve

We do our best to keep our records updated. If you find a phone number that is no longer in service, or if a provider is no longer at that location, you can update us by clicking the Report Inaccuracies link.





Before your enrollment deadline, give vision benefits some serious thought. Vision insurance can be just as important to a lifetime of good health as your medical plan. Find out what vision benefits can do for you and your family.

# Employee Vision Benefits

effective



# Your EyeMed vision plan

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



**contactsdirect**

Browse and buy eyewear online. [Glasses.com](#) and [ContactsDirect](#) are in the EyeMed network, and your vision benefits are applied directly to your online order.

**GLASSES**.com

## EyeMed providers offer:

- Discounts on lens options and 20% off the remaining frame balance and non-prescription sunglasses. Plus save 40% off a second pair of prescriptions glasses. More savings offers are available within the EyeMed member portal.
- Nearly 100 frames priced \$130 or lower at every location.
- Cutting-edge lens simulators, virtual frame side-by-side comparisons and some even have on-site labs for same-day glasses.
- 15% average off retail for LASIK or PRK laser eye correction, or 5% off promotional price, at U.S. Laser Network locations.

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


- Extended hours and no claim forms. EyeMed providers are open an average of 10 evening hours and 12 weekend hours each week, and they submit your claim form for you.

## Prescription savings

You and your covered dependents can save on prescription medications at over 60,000 pharmacies across the nation. Participating pharmacies give your normal health care pharmacy benefits, or the prescription discount, whichever saves you more. This is offered at no additional cost to your plan premium and is not insurance.

Find a pharmacy near you – [ameritas.com/rxpharmacy](#)

Look up a price – [ameritas.com/rxpricing](#)

Prescription Drug Savings Card	THIS IS NOT INSURANCE
 Member Name: _____ RxBin # 017529 Group # AMERITAS Member ID # AMER2233 PCN: AMRX This is not insurance Administered by Elixir Savings GR 6269 10-20	<p>Certain terms and conditions apply. View terms and conditions at <a href="#">ameritas.com/rxterms</a>. Void where prohibited. Discounts available only at participating pharmacies. Process all prescriptions electronically.</p> <p>For prescription discount drug pricing please visit <a href="#">ameritas.com/rxpricing</a>.</p> <p>Discounts available at over 60,000 pharmacies across the nation. To find a pharmacy visit <a href="#">ameritas.com/rxpharmacy</a>.</p> <p>Pharmacy and member help desk 1-877-684-0032</p> <p>This is a FREE card and may not be sold.</p> <p>GR 6269 10-20</p>

# Frequently asked questions



## Can I use my benefits if I visit a provider outside the network?

Yes, if you visit an out-of-network provider, you pay your provider the full balance and submit a claim with your itemized receipt for reimbursement based on out-of-network plan benefits. Greater benefits are available with network providers, and they submit the claim for you.

## Can I use my benefits at Walmart and Sam's Club?

Yes. These locations are out-of-network for EyeMed plans, so your out-of-network benefits will apply. These benefits still go a long way due to the lower overall price points of these retailers.

## Can I shop online for glasses and contacts?

Yes, after you complete your vision examination and obtain your prescription, you can purchase glasses or contacts online from any site. Browse and buy eyewear online at [glasses.com](https://www.glasses.com) or [contactsdirect.com](https://www.contactsdirect.com), which are in the EyeMed network, and your vision benefits are applied directly to your online order, so you don't have to pay full price and wait for a reimbursement.

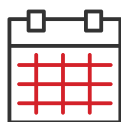


## What is the eye exam benefit?

Most plans cover one eye exam each year in full when you visit a network provider. Please see your plan summary sheet for out-of-network benefits.

## Is there a separate exam for contacts?

Many providers do a separate exam for contact fit and follow-up, and there is a separate charge for this exam. Please refer to your plan summary for details on how this exam is covered.



## Can I get glasses and contacts in the same year?

No, your benefit can be applied to contacts OR glasses during the benefit year. In other words, you will not receive an allowance for contacts if you already chose to apply your vision benefits to a new pair of lenses and/or frames during the same benefit year.

## Are there discounts available for LASIK surgery?

Yes, members may receive a 15% discount off the retail price of LASIK surgery or 5% off the promotional price.



## Are optional lens coatings covered?

Lens options are not covered. When you visit a network provider, you'll get discounts on a variety of lens coating options. See the plan summary for details. Extra charges can add up quickly, so make sure you discuss these options and their costs.

## Who do I contact if I have questions?

Contact EyeMed for benefit, claims or network questions.

866-289-0614

Mon-Sat 6:30 a.m.-10 p.m.

Sun 10 a.m.-7 p.m. (CST)

Contact Ameritas for billing, administration, ID card or network questions.

800-659-2223

Mon-Thu 7 a.m.-7 p.m.

Fri 7 a.m.-5:30 p.m. (CST)

Visit [eyemed.com](https://www.eyemed.com) and [ameritas.com](https://www.ameritas.com) to set up your member accounts and access the information listed above.



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| 800-776-9446 | [ameritas.com](https://www.ameritas.com)

**ViewPointe®**



**EyeMed ViewPointe® Plan H Summary**

**Effective Date: 1/1/2025**

	<b>EyeMed Insight Network</b>	<b>Out of Network</b>
<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>		
<b>Single Vision</b>	Covered in full	Up to \$25
<b>Bifocal</b>	Covered in full	Up to \$40
<b>Trifocal</b>	Covered in full	Up to \$55
<b>Lenticular</b>	20% discount	No benefit
<b>Progressive</b>	See lens options	NA
<b>Contacts</b>		
<b>Fit &amp; Follow Up Exams</b>		
Standard	Standard: Member cost up to \$40	No benefit
Premium (Allowance)	Premium: 10% off of retail	No benefit
<b>Elective</b>	Up to \$130	Up to \$104
<b>Medically Necessary</b>	Covered in full	Up to \$200
<b>Frame Allowance</b>	\$130	Up to \$65
<b>Frequencies (months)</b>		
<b>Exam/Lens/Frame</b>	12/12/24	12/12/24
	Based on date of service	Based on date of service

**Lens Options (member cost)**

	<b>EyeMed Insight Network</b>	<b>Out of Network</b>
<b>Progressive Lenses</b>		
Standard	\$65 + lens deductible	No benefit
Premium		
Tier 1	\$85 + lens deductible	No benefit
Tier 2	\$95 + lens deductible	No benefit
Tier 3	\$110 + lens deductible	No benefit
Tier 4	\$65 plus 80% of charge less \$120 allowance	No benefit
<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>		
Standard	\$45	No benefit
Premium		
Tier 1	\$57	No benefit
Tier 2	\$68	No benefit
Tier 3	80% of the charge	No benefit
<b>Ultraviolet Coating</b>	\$15	No benefit
<b>Lasik or PRK</b>	Average discount of 15% off retail price or 5% off promotional price at US Laser Network participating providers.	No benefit

**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)



**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.

**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.**

## Out of Network Vision Services Claim Form

### *Claim Form Instructions*

*Most EyeMed Vision Care plans allow members the choice to visit an in-network or out-of-network vision care provider. You only need to complete this form if you are visiting a provider that is not a participating provider in the EyeMed network. Not all plans have out-of-network benefits, so please consult your member benefits information to ensure coverage of services and/or materials from non-participating providers.*

If you choose an out-of-network provider, please complete the following steps prior to submitting the claim form to EyeMed. Any missing or incomplete information may result in delay of payment or the form being returned. Please complete and send this form to EyeMed within one (1) year from the original date of service at the out-of-network provider's office.

1. When visiting an out-of-network provider, you are responsible for payment of services and/or materials at the time of service. EyeMed will reimburse you for authorized services according to your plan design.
2. Please complete all sections of this form to ensure proper benefit allocation. Plan information may be found on your benefit ID Card or via your human resources department.
3. EyeMed will only accept **itemized paid receipts** that indicate the services provided and the amount charged for each service. The services must be paid in full in order to receive benefits. Handwritten receipts must be on the provider's letterhead. Attach itemized paid receipts from your provider to the claim form. If the paid receipt is not in US dollars, please identify the currency in which the receipt was paid.
4. Sign the claim form below.

**Return the completed form and your itemized paid receipts to:**



**EyeMed Vision Care  
Attn: OON Claims  
P.O. Box 8504  
Mason, OH 45040-7111**

**Please allow at least 14 calendar days to process your claims once received by EyeMed.** Your claim will be processed in the order it is received. A check and/or explanation of benefits will be mailed within seven (7) calendar days of the date your claim is processed.

Inquiries regarding your submitted claim should be made to the Customer Service number printed on the back of your benefit identification card.

*Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.*



## Out of Network Vision Services Claim Form

<b>Patient Information (Required)</b>			
Last Name <input type="text"/>			
First Name <input type="text"/>			Middle Initial <input type="text"/>
Street Address <input type="text"/>		City <input type="text"/>	State <input type="text"/> Zip Code <input type="text"/>
Birth Date (MM/DD/YYYY) <input type="text"/>		Telephone Number <input type="text"/>	
Member ID # (if applicable) <input type="text"/>		Relationship to the Subscriber Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>	

<b>Subscriber Information (Required)</b>			
Last Name <input type="text"/>			
First Name <input type="text"/>			Middle Initial <input type="text"/>
Street Address <input type="text"/>		City <input type="text"/>	State <input type="text"/> Zip Code <input type="text"/>
Birth Date (MM/DD/YYYY) <input type="text"/>		Telephone Number <input type="text"/>	
Vision Plan Name <input type="text"/>	Vision Plan/Group # <input type="text"/>	Subscriber ID # (if applicable) <input type="text"/>	

Date of Service (Required) (MM/DD/YYYY) <input type="text"/>
---

<b>Request For Reimbursement –Please Enter Amount Charged. Remember to include itemized paid receipts:</b>			
Exam \$ <input type="text"/>	Frame \$ <input type="text"/>	Lenses \$ <input type="text"/>	Contact Lenses - (please submit all contact related charges at the same time) \$ <input type="text"/>
If lenses were purchased, please check type: <input type="checkbox"/> Single <input type="checkbox"/> Bifocal <input type="checkbox"/> Trifocal <input type="checkbox"/> Progressive			

I hereby understand that without prior authorization from EyeMed Vision Care LLC for services rendered, I may be denied reimbursement for submitted vision care services for which I am not eligible. I hereby authorize any insurance company, organization employer, ophthalmologist, optometrist, and optician to release any information with respect to this claim. I certify that the information furnished by me in support of this claim is true and correct.

Member/Guardian/Patient Signature (not a minor) \_\_\_\_\_ Date: \_\_\_\_\_

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Revision date05.2013

# Have a Question About Your Ameritas Benefits?

Use this contact sheet for your dental, vision and hearing care coverage.

## Benefits administration

[group\\_assistants@ameritas.com](mailto:group_assistants@ameritas.com)

800-659-2223

NY 800-628-8889

Fax 402-467-7338

Monday - Thursday, 7 a.m. - 7 p.m.

Friday, 7 a.m. - 5:30 p.m. (CST)

- New case implementation
- Eligibility information (adds, changes, terminations, file feeds)
- Billing and premium reconciliation
- Online services assistance
- Group policy changes
- Group policy terminations
- ID cards

### Contact AXA Assistance USA

Toll free: (866) 662-2731

Collect from anywhere in the world:

+1 (312) 935-3727

Ameritas Life Insurance Corp.

5900 O Street P.O. Box 81889

Lincoln, NE 68501-1889

## Claims

### Dental

[group@ameritas.com](mailto:group@ameritas.com)

800-487-5553

NY 800-659-5556

Monday - Thursday, 7 a.m. - Midnight

Friday, 7 a.m. - 6:30 p.m. (CST)

### Claims mailing address:

PO Box 82650

Lincoln, NE 68501

### DentalSelect network plans (UT & TX)

800-999-9789

Monday - Friday, 7 a.m. - 6 p.m. MST

- Find a participating network provider
- Benefit summary
- Claim status
- ID cards, certificate of coverage
- Status of plan maximums and deductibles

### Vision Perfect - no network plans

[group@ameritas.com](mailto:group@ameritas.com)

800-487-5553

NY 800-659-5556

### LASIK

800-487-5553

### VSP network plans

800-877-7195

[vsp.com](http://vsp.com)

Monday - Friday 7 a.m. - 10 p.m.

Saturday 9 a.m. - 10 p.m.

Sunday 9 a.m. - 9 p.m. (CST)

### EyeMed network plans

866-289-0614

[eyemed.com](http://eyemed.com)

Monday - Saturday 6:30 a.m. - 10 p.m.

Sunday 10 a.m. - 7 p.m. (CST)

### SoundCare®

877-359-8346

NY 877-777-5037

## Online resources

### Here to help

For information any time, visit [ameritas.com](http://ameritas.com) and sign in to your secure member account to access our online portals.

### Producer portal

The Ameritas producer portal is a one-stop shop.

- Manage your business with commission statements and plan change notifications
- Find the information you need with a custom dashboard
- Expand your portfolio by creating your own unique link to share for individual/family dental and vision sales

### Benefits administrator portal

Quickly perform administrative functions in real time.

- Enroll, change or terminate employee coverage
- Request or pay a bill
- Transfer enrollment information from your payroll system
- View employee effective dates, coverage levels and more
- View or print your policy, certificates and ID cards
- Search for network providers

### Member portal

Access benefit information anytime, anywhere.

- View plan coverage details
- See a claim status and benefit payment explanation
- View or print ID cards
- Search for network providers

Download the Ameritas benefits app available for iOS and Android. Log in with the same user ID and password you use for your secure member account.



Find [forms](http://ameritas.com) you need at [ameritas.com](http://ameritas.com).



Ameritas Life Insurance Corp.  
Ameritas Life Insurance Corp. of New York

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800-776-9446 | NY: 800-201-8562 | [ameritas.com](http://ameritas.com)

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