

Athens-Clarke County Unified Government NEW Vision Insurance Plan

Ameritas EyeMed Vision Plan		
Benefits	In Network	Out of Network
Annual Eye Exam	100%	\$35
Single Vision Lenses	100%	\$25
Bifocal Lenses	100%	\$40 per pair
Trifocal Lenses	100%	\$55 per pair
Lenticular Lenses	20% discount	No Benefit
Frames	\$100 applied toward cost (20% discount on the remaining balance in excess of Frame allowance)	\$45 per pair
Lasik or PRK	15% Discount	No Benefit
Deductibles and Frequency		
Eye Exam	\$10	\$0
Lenses	\$25	\$0
Frequencies Exams/Lens/Frames	12*12*24	12*12*24
Fit & Follow Up Exams	Member cost up to \$55	No Benefit
Maximum Calendar Year	None	None
Contact Lenses		
Elective	\$115 (Max)	\$92
Medically Necessary	Covered in full	\$200
<i>15% Discount on the remaining balance in excess of the conventional contact lens allowance.</i>		
Contact Lens Replacement by Mail Program	After exhausting the contact lens benefit, replacement lenses may be obtained at significant discounts online.	
Lenses		
Standard Progressive Lens	\$65 + lens deductible	No Benefit
Premium Progressive Lens	Lens cost - 20% discount - \$120 allowance + Standard Progressive Lens cost	No Benefit
Standard Polycarbonate	\$40	No Benefit
Scratch Resistant Coating	\$15	No Benefit
Anti-Reflective Coating	\$45	No Benefit
Ultraviolet Coating	\$15	No Benefit
Lens Options (Member cost)	\$15 - Tint (Solid and Gradient)	No Benefit
Additional Features		
Other Discounts	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.	
Secondary Purchase Plan	Members receive 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 contact lenses once the funded benefit has been exhausted. Discount applies to materials only.	
EyeMed Vision Plan Rates		
Coverage Election	Biweekly Premium Rate	Monthly Premium Rate
Employee	\$3.01	\$6.52
Employee + Spouse	\$5.86	\$12.70
Employee + Child(ren)	\$4.95	\$10.73
Family	\$7.76	\$16.81