

DIRECT VISION INSURANCE

No Waiting Periods

Choice of EyeMed or VSP Networks

Underwritten by:

Ameritas
fulfilling life.

Ameritas Life Insurance Corp.
5900 O Street
Lincoln, NE 68510

Marketed by:

DirectBenefits
AN ALERA GROUP COMPANY

7900 International Drive, Suite 1040
Bloomington, MN 55425
Toll Free: 800.620.5010
www.directvisioninsurance.com

You'll like what you see with Direct Vision

Protecting your eyes starts with having routine eye exams. With Direct Vision you'll be covered for one routine eye exam every 12 months – starting on your first day of coverage!

Choice of providers

The Direct Vision Insurance plans include in-network and out-of-network benefits. Choose from EyeMed or VSP network plans. Why choose a network?
When you use a network provider you maximize your benefits with low deductibles and overall lower out-of-pocket costs.

About EyeMed

EyeMed offers one of the largest vision networks in the nation with a mix of independent providers and retail chains. Network benefits apply when you browse and buy online at contactsdirect.com and glasses.com. When you utilize an in-network provider, you will receive additional discounts such as:

| 20% off remaining frame balance
| 40% off non-covered complete prescription glasses
| Special pricing on lens upgrades such as UV coating & polycarbonate lenses & 20% off non-covered materials
| 15% average off retail price for LASIK or PRK laser vision correction, or 5% off promotional price, at US Laser Network locations

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

To search for providers, go to eyemed.com and select the Access Network or call 866- 289-0614

About VSP

VSP offers the nation's largest network of independent providers. Browse and buy online at eyeconic.com and get the most current deals on eyewear with network benefits. When you utilize an in-network provider, you will receive additional discounts such as:

| 20% off remaining frame balance
| 20% off non-covered complete prescription glasses
| 20-25% off non-covered lens options such as UV coating & polycarbonate lenses
| 15% average off retail price for LASIK or PRK laser vision correction, or 5% off promotional price, through a VSP provider

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

To search for providers, go to vsp.com or call 800-877-7195

* Not all providers at Costco, Walmart, and Sam's Club locations are VSP network providers. Please verify that the provider is in the VSP network before seeking services. The frame allowance at some retailers may be less due to lower wholesale pricing. Based on applicable laws, costs may vary by doctor location and material type. Costs are subject to change without notice.

EyeMed – Choose from two plans

EyeMed Access Plan A In-Network

Eye Exams focus on your eye health and overall wellness
- $15 deductible — every 12 months

Contact Lens Exam & Fitting

Standard contact lens exam and fitting
- $15 deductible — every 12 months

Premium contact lens exam and fitting
- $15 deductible — every 12 months
- 90% of retail charges less $55 allowance

Frames
- Up to $150 allowance — every 12 months

Contacts (in lieu of lenses and frames)
- Up to $150 allowance — every 12 months

Single/Bifocal/Trifocal or Lenticular Lenses
- $25 deductible — every 12 months

Medically Necessary Contact Lenses
- $25 deductible — every 12 months
- Paid in full minus deductible

Medically necessary contact lens follows the contacts frequency; Medically necessary contacts not available in the state of TN & TX.

EyeMed Access Plan B In-Network

Eye Exams focus on your eye health and overall wellness
- $15 deductible — every 12 months

Contact Lens Exam & Fitting

Standard contact lens exam and fitting
- $15 deductible — every 24 months

Premium contact lens exam and fitting
- $15 deductible — every 24 months
- 90% of retail charges less $55 allowance

Frames
- Up to $150 allowance — every 24 months

Contacts (in lieu of lenses and frames)
- Up to $150 allowance — every 24 months

Single/Bifocal/Trifocal or Lenticular Lenses
- $25 deductible — every 24 months

Medically Necessary Contact Lenses
- $25 deductible — every 24 months
- Paid in full minus deductible

Medically necessary contact lens follows the contacts frequency; Medically necessary contacts not available in the state of TN & TX.

EyeMed Direct Vision

	Plan A	Plan B
Individual	$15.02	$11.53
Individual +1	$27.64	$21.22
Family	$41.31	$31.71

FL, MS - Rates

	Plan A	Plan B
Individual	$12.02	$9.22
Individual +1	$22.11	$16.98
Family	$33.05	$25.37

MN & NM - Rates

	Plan A	Plan B
Individual	$9.28	$7.11
Individual +1	$17.44	$13.19
Family	$26.01	$19.41

CO, MI & NC- Rates

	Plan A	Plan B
Individual	$10.92	$8.36
Individual +1	$20.52	$15.52
Family	$30.60	$22.84

Lenses and Frames

| Standard plastic singles, bifocal, trifocal or lenticular lenses coverage with discounts available on additional lens options.

| 40% off unlimited additional eyeglasses after initial benefit is exhausted.

| Receive 20% discount on remaining frame balance (once allowance has been applied) and 15% discount on any balance over the conventional contact lens allowance.

Glasses.com & contactsdirect.com

Members can use Glasses.com and contactsdirect.com as an in-network option to purchase frames and contacts.

For glasses:

| Simply send a picture of the prescription. Lenses are available for most prescriptions, including progressives and multifocals.

| Orders are fulfilled and shipped free the following day.

| Once received if you need an adjustment visit any LensCrafters.

For contacts:

| Select your lenses from a wide selection of top selling brands.

| Contacts will ship as soon as the prescription is verified – most that same day – and for free.

Additional benefits at no additional cost*

| 5-15% savings on LASIK or PRK services through the US Laser Network.

* These additional discounts and value-added features are not a part of the insurance plan and there is no affiliation or ownership between Ameritas and these programs. Based on applicable laws, costs may vary by doctor location and material type. Costs are subject to change without notice. The EyeMed Direct Vision Insurance plans are available in all states except : MA, MD, MT, RI, WA and PA counties of Forest, Huntingdon, Montour, and Sullivan. Plan B not available in NM.

Additional Standard Lens Enhancements (Member Cost)

	Single & Multifocal Vision
UV Protection Coating	$15
Plastic Solid Tints & Dyes (Except pink I & II)	$15
Plastic Gradient Dye	$15
Standard Scratch-Resistance	$15
Standard Polycarbonate Lens	$40
Standard Anti-Reflective Coating	$45
Photochromic Lens - Plastic	Retail Discount
Standard Progressive	$65
Other Add-Ons and Services	Retail Discount

Maximum Allowance Out-Of-Network

Exams	$50
Frames	$70
Single Vision Lens	$50
Bifocal Lens	$75
Progressive Lens	$75
Trifocal Lens	$100
Lenticular	$75
Contact Lens Standard & Premium Fit and Follow Up	$40
Elective Contact Lenses	$105
Medically Necessary Contact Lenses	$250

Medically necessary contacts not available in the state of TN & TX.

Out-of-Network Benefits

Direct Vision also offers out-of-network benefits. You will realize the biggest benefit savings when you visit an in-network provider, but our plans reflect the understanding that it is not always possible. When an out-of-network provider is utilized, you pay the provider the appropriate fees and then request reimburse- ment from the plan. The plan will reimburse up to the amounts indicated in the schedule shown above.

Vision Limitations and Exclusions

What is not covered?
This plan has the following limitations.

- Vision examinations, lenses and frames more than the frequency as indicated on the plan summary page.
- This plan does not cover Medically Necessary Contact Lenses more than once in any 24-month period. The treating provider determines if an Insured meets the coverage criteria for this benefit as listed below. This benefit is in lieu of Elective Contact Lenses.
  - For Keratoconus where the patient is not correctable to 20/30 in either or both eyes using standard spectacle lenses.
  - Patients whose vision can be corrected two lines of improvement on the visual acuity chart when compared to best standard spectacle lens correction.
  - Anisometropia of 3D or more.
  - High Ametropia exceeding -10D or +10D in meridian powers.
- This plan does not cover Orthoptics or vision training and any associated testing.
- This plan does not cover Plano Lenses.
- This plan does not cover non-prescribed Lenses or sunglasses.
- This plan does not cover two pairs of glasses in lieu of Bifocals.
- This plan does not cover replacement of Lenses and Frames that are lost or broken outside of the normal coverage intervals.
- This plan does not cover medical or surgical treatment of the eyes or supporting structures.
- This plan does not cover services for claims filed more than one year after completion of the service. An exception is if the Insured shows it was not possible to submit the proof of loss within this period.
- This plan does not cover any procedure not listed on the Schedule of Eye Care Services.

When will my coverage begin?

When you enroll online your coverage canstart as soon as the next day. Choose the date that works best for you and your family. You will receive an email confirmation immediately after enrollment to verify this information. If you chose e-delivery your policy and ID cards will be available for download on the Ameritas Member Portal. If you chose paper delivery your policy and ID cards will arrive via USPS in 10 days.

IMPORTANT NOTICE: Your enrollment will take 2-3 business days before it becomes accessible in the EyeMed or VSP provider systems. If you have an appointment within several days of your effective date and your provider indicates you are not yet in their system, please call customer service for assistance. Representatives are available Monday-Friday at 800.300.9566.

Plan includes a one-time non-refundable enrollment fee of $25. This charge will be made at the time of purchase and may appear as a separate transaction from your vision insurance.

VSP – Choose from two plans

VSP Choice Plan A In-Network

Eye Exams focus on your eye health and overall wellness
- $15 deductible — every 12 months

Contact Lens Exam & Fitting
Standard contact lens exam and fitting
- $60 deductible — every 12 months

Frames
- $25 deductible (combined for frames & lenses) — every 12 months
- Up to $150 frame allowance

Contacts (in lieu of lenses and frames)
- Up to $150 allowance — every 12 months

Single/Bifocal/Trifocal or Lenticular Lenses
- $25 deductible — every 12 months

Medically necessary contact lenses
- $25 deductible — every 12 months
- Paid in full minus deductible

Medically necessary contact lens follows the contacts frequency; Medically necessary contacts not available in the state of TN & TX.

VSP Choice Plan B In-Network

Eye Exams focus on your eye health and overall wellness
- $15 deductible — every 12 months

Contact Lens Exam & Fitting
Standard contact lens exam and fitting
- $60 deductible — every 24 months

Frames
- $25 deductible (combined for frames & lenses) — every 24 months
- Up to $150 frame allowance

Contacts (in lieu of lenses and frames)
- Up to $150 allowance — every 24 months

Single/Bifocal/Trifocal or Lenticular Lenses
- $25 deductible — every 24 months

Medically necessary contact lenses
- $25 deductible — every 24 months
- Paid in full minus deductible

Medically necessary contact lens follows the contacts frequency; Medically necessary contacts not available in the state of TN & TX.

VSP Direct Vision Rates

	Plan A	Plan B
Individual	$15.97	$12.22
Individual +1	$29.38	$22.48
Family	$43.91	$33.60

FL, MS - Rates

	Plan A	Plan B
Individual	$12.78	$9.78
Individual +1	$23.50	$17.98
Family	$35.13	$26.88

MN & NM - Rates

	Plan A	Plan B
Individual	$9.52	$6.94
Individual +1	$17.17	$12.68
Family	$25.33	$18.67

CO, MI & NC- Rates

	Plan A	Plan B
Individual	$11.20	$8.16
Individual +1	$20.20	$14.92
Family	$29.80	$21.96

Frames, glasses and sunglasses

| Receive 20% savingson framesoverthe frame allowance.
| Select a featured frame brand and receive an extra $20 on the frame allowance.
| Savings of 20% on additional glasses and sunglasses.

Lens enhancements

| Member Cost for Lens enhancements applies to single and multifocal vision lens enhancements with the exception of glass tints ($44) and polycarbonate ($35) which have higher multifocal member cost.

Additional benefits at no additional cost*

Laser VisionCare Program℠

| Contracted laser centers provide discounts averaging 15% off laser surgery, including photorefractive keratectomy (PRK), laser-assisted in-situ keratomileusis (LASIK) and Custom LASIK.
| If the laser center is offering a price reduction, you'll receive an additional 5% off the promotional price. Low Vision
| Low vision is vision loss sufficient enough to prevent reading and performing daily activities. With pre-approval from VSP, low vision supplemental testing and low vision aids up to $1,000 are covered every 2 years.

Additional Standard Lens Enhancements (Member Cost)	Single Vision	Multifocal Vision
UV Protection Coating	$16	$16
Plastic Solid Tints & Dyes (Except Pink I & II)	$15	$15
Plastic Gradient Dye	$17	$17
Standard Scratch-Resistance Coating	$17	$17
Polycarbonate Lenses	$35	$35
Standard Anti-Reflective Coating	$41	$41
Photochromic Lens - Plastic	$75	$75
Standard Progressive	N/A	**Varies
Other Add-Ons and Services	Available at Discount	Available at Discount

Maximum Allowance Out-Of-Network

Exams	$45
Frames	$70
Single Vision Lens	$30
Bifocal Lens	$50
Progressive Lens	$50
Trifocal Lens	$65
Lenticular Lens	$100
Elective Contact Lenses	$105
Medically Necessary Contact Lenses	$210

Medically necessary contacts not available in the state of TN & TX.

Out-of-Network Benefits

DirectVision also offers out-of-network benefits. You will realize the biggest benefit savings when you visit an in-network provider, but our plans reflect the understanding that it is not always possible. When an out-of-network provider is utilized, you pay the provider the appropriate fees and then request reimbursement from the plan. The plan will reimburse up to the amounts indicated in the schedule shown above.

* These additional discounts and value-added features are not a part of the insurance plan and there is no affiliation or ownership between Ameritas and these programs. Based on applicable laws, costs may vary by doctor location and material type. Costs are subject to change without notice.
**Member cost for Progressive Lenses varies. The VSP Provider will be able to provide the amount of the patient responsibility. The VSP Direct Vision Insurance plans are available in all states except: MA, MD, MT, RI and WA. VSP Plan B is not available in NM.

Vision Limitations and Exclusions

What is not covered?

This plan does not cover:

- Services and/or materials not specifically included in this 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 below,
- 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,
- Membership fees for any retail center in which an Affiliate or Open Access provider office may be located. Covered persons may be required to purchase a membership in such entities as a condition of accessing Plan Benefits.

When will my coverage begin?

When you enroll online your coverage canstart as soon as the next day. Choose the date that works best for you and your family. You will receive an email confirmation immediately after enrollment to verify this information. If you chose e-delivery your policy and ID cards will be available for download on the Ameritas Member Portal. If you chose paper delivery your policy and ID cards will arrive via USPS in 10 days.

IMPORTANT NOTICE: Your enrollment will take 2-3 business days before it becomes accessible in the EyeMed or VSP provider systems. If you have an appointment within several days of your effective date and your provider indicates you are not yet in their system, please call customer service for assistance. Representatives are available Monday-Friday at 800.300.9566.

Plan includes a one-time non-refundable enrollment fee of $25. This charge will be made at the time of purchase and may appear as a separate transaction from your vision insurance.

Underwritten by Ameritas Life Insurance Corp. | 5900 O Street Lincoln, NE 68510 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. 07-23 for Group and 9000 Rev. 10-22 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 and “fulfilling life” are service marks or registered service marks of Ameritas Life, affiliate Ameritas Holding Company or Ameritas Mutual Holding Company. © 2026 Ameritas Mutual Holding Company.

Frequently Asked Questions for Direct Vision Insurance Members

Who is eligible for this plan?

The insurance coverage is available in states where it's aproved to anyone age 18 and older who does not have coverage through another Ameritas vision plan. You can request coverage for your dependants; dependant eligibility varies based on state law.

How quickly can I start my coverage?

When you enroll online your coverage can start as soon as the next day. Choose the date that works best for you and your family. You will receive an email confirmation immediately following your enrollment to verify this information. If you chose e-delivery your policy and ID cards will be available for download on the Ameritas Member Portal. If you chose paper delivery your policy and ID cards will arrive via USPS in 10 days.

IMPORTANT NOTICE: Your enrollment may take 2-3 business days before it becomes accessible to the EyeMed or VSP provider. If you have an appointment within several days of your effective date and your provider indicates you are not yet in their system, please call customer service for assistance. Representatives are available Monday-Friday at **800.300.9566.**

What if I change my mind about coverage shortly after enrolling?

Direct Vision Insurance comes with a 30-day Customer Satisfaction Guarantee. You have 30 days after your plan becomes effective to cancel your plan if you are not satisfied for any reason. Any premium paid, minus the enrollment fee, will be fully refunded provided no covered services have been rendered.* If services have been provided, you may still cancel your policy however the premium paid will not be eligible for reimbursement.

*Plan includes a one-time non-refundable enrollment fee of $25. This charge will be made at the time of purchase and may appear as a separate transaction from your vision insurance.

Will I receive an ID Card?

Yes, you will receive an ID card.

Where can I go to find a vision provider?

| Find EyeMed providers at **EyeMed.com** (choose the Access Network) or call **866.289.0614**
| Find VSP providers at **VSP.com** (choose the Choice Network) or call **800.877.7195**

What can you tell me about Ameritas, the insurance company underwriting this plan?

Ameritas Life Insurance Corp. offers a wide range of insurance and financial products and services to individuals, families and businesses. Ameritas has been offering dental insurance since 1959 and vision insurance since 1984. Claims service associates have earned BenchmarkPortal's Center of Excellence award since 2006.

About the Direct Benefits Insurance Team

Direct Vision Insurance is available exclusively through Direct Benefits, An Alera Group Company.

Located out of Bloomington, Minnesota, we've been happily protecting and bringing the latest fashion to people's eyes for over twenty years. Our mission is simple: to provide affordable vision insurance for all. Our passion is helping people—it's in our DNA. We strive to make shopping for vision insurance as easy as possible.

Customer Care

Our digital-hospitality model revolves around you. 98% of our calls are picked up in 30 seconds or less, and we continually score 4.8 out of 5 stars in customer satisfaction. Our vision insurance experts will guide you to the best vision insurance plan for you and your situation. We love talking vision insurance and finding the plan that fits perfectly with you. We may even make it a little bit fun!

Direct Benefits and Direct Vision work together

Serving as an online storefront, Direct Vision is operated by Direct Benefits, an Alera Group Company, a managing general agency that provides full-service, one-stop benefits brokerage for dental, disability, life, and vision insurance plans to employee benefits agents, brokers, consultants, and online consumers nationwide. No matter if you're an agent or an online consumer, if you're looking for the best individual and small group private label products in the country as well as a variety of brand name employee benefits carriers, then Direct Benefits is your source for dental, disability, life, and vision benefits.

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