

SIHO Vision

Group Vision Insurance For Your Employees and Their Families



Marketed By:

SIHO INSURANCE
SERVICES
www.siho.org

Underwriting By:

Ameritas 
fulfilling life

Ameritas Life Insurance Corp.

5900 O Street
Lincoln NE 68510

SIHO Vision

SIHO believes that valuable employee benefits such as vision care should not be limited to just larger employers. This is why we offer SIHO Vision for our smaller employer group customers.

SIHO Vision makes it easy to provide coverage:

- Insurance plan coverage is offered on a voluntary basis with no cost to the employer. If an employer chooses to help pay for the cost of coverage, premium rates will be even lower!
- The participation minimum is only two employees and is determined at the time of initial enrollment.
- Participants can receive the maximum benefit from using one of the many participating eye care professionals. Out-of-network coverage is also provided.
- Employers and employees need to complete only one application for both SIHO Health and SIHO Vision coverage.
- SIHO will send just one bill to the employer for both health plan and vision coverage.
- Participation in the SIHO Health Plan is not required.

SIHO Vision provides a choice of two different plan design options. The 12/12 Plan covers eye exams and corrective lenses every 12 months, the 12/24 plan covers eye exams every 12 months and corrective lenses every 24 months.

General Information

SIHO Vision is provided through a partnership with Ameritas Life Insurance Corporation. Because of this unique partnership, employers do not have to worry about separate premium payment rules for the vision coverage.

Premiums, Renewability

Applicable Premium Rates are guaranteed for each Participating Employer Unit for 24 months from date of issue. Thereafter, rates are subject to change in accordance with the Master Policy. Coverage is renewable as long as eligibility criteria are satisfied and premiums are paid when due.

Eligible Employees

An individual employed by a participating employer who works 30 hours or more per week, and who is considered an employee for Social Security purposes. Partners and Proprietors considered to be eligible employees.

Dependents

Dependent refers to a spouse or domestic partner or unmarried dependent child under age 26. Dependent eligibility may differ between medical, dental and vision plans. Refer to the appropriate plan document for eligibility requirements.

SIHO Vision uses the EyeMed Access network which includes such familiar names as LensCrafters, JC Penney Optical, Pearle Vision, Sears Optical and Target Optical, along with thousands of independent eye care professionals.



To Locate at EyeMed Access Plan provider near you
 visit: www.eyemedvisioncare.com
 or call **866-289-0614**.

In Network Benefits

| | 12/12 Plan | 12/24 Plan |
|------------------------|----------------------|----------------------|
| Eye Examination | (Plan V00828) | (Plan V00829) |
| Frequency | Once every 12 months | Once every 12 months |
| Co-pay | \$10 | \$10 |
| Eyeglass Lenses | | |
| Frequency | Once every 12 months | Once every 24 months |
| Co-pay | \$20 | \$20 |
| Frames | | |
| Frequency | Once every 12 months | Once every 24 months |
| Co-pay | \$0 | \$0 |
| Contact Lenses | | |
| Frequency | Same as glasses | Same as glasses |
| Co-pay | Same as glasses | Same as glasses |

What the benefits include

Eye Examination: A routine, complete eye examination, refraction and prescription for eyeglasses. Contact lens examinations require additional fees. If indicated, your doctor may recommend additional procedures which are the responsibility of the member.

Eyeglass Lenses: Standard uncoated plastic lenses of any size or strength.

Frames: Any frame up to a regular retail value of \$100. Frames above \$100 retail are available at an additional charge.

Contact Lenses: Any pair of contact lenses up to a regular retail price of \$100, obtained from a network provider or the mail order program. Contacts above \$100 are available at an additional charge.

LASIK - Non-insured Discount Benefit: The EyeMed Access network provides discounts to insured individuals interested in LASIK — the laser vision correction procedure. This NON-INSURED benefit is offered at a savings of 15% off the regular retail price or 5% off the promotional price when using the network.

| | 12/12 Plan | 12/24 Plan |
|--|------------|------------|
| Eye Examination | | |
| Up to | \$25 | \$25 |
| Frames | | |
| Up to | \$40 | \$40 |
| Eyeglass Lenses - single vision | | |
| Up to | \$20 | \$20 |
| Eyeglass Lenses - bifocal | | |
| Up to | \$30 | \$30 |
| Eyeglass Lenses - trifocal | | |
| Up to | \$40 | \$40 |
| Contact Lenses | | |
| Up to | \$60 | \$60 |

Additional Benefits

Lens Options (add to lens pricing listed above)

Option Insured Co-payment

- UV Coating \$15
- Tint \$15
- Scratch Resistance \$15
- Polycarbonate \$40
- Anti-Reflective \$45
- Standard Progressive \$65
- Other add ons 20% Retail Discount

Out of Network Benefits: The greatest benefit is realized when EyeMed Access network providers are used. Please access the provider directory at www.eyemedvisioncare.com. Members may choose non-network providers, paying the provider and receiving reimbursement from the plan according to the schedule at left..

Call **866.289.0614** for a claim form.

Vision Expenses Not Covered

Limitations

Please check for availability in your state. Based on applicable laws, reduced costs may vary by doctor locations. 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.

Non-network Limitations

Please check for availability in your state. Based on applicable laws, reduced costs may vary by doctor locations. Covered expenses will not include and no benefits will be payable for:

- Vision examinations, lenses and frames exceeding the set annual benefit amount.
- Examinations performed or frames or lenses ordered before the member was covered under the plan.
- Subject to extension of benefits, any examination performed or frame or lens ordered after the coverage under the plan ceases.
- Sub-normal eye care aids; orthoptic or eye care training or any associated testing.
- Non-prescription lenses.
- Any eye examination or corrective eyewear required by an employer as a condition of employment.
- Medical or surgical treatment of the eyes.
- Any service or supply not shown on the Schedule of Eye Care Procedures.
- Coated lenses; oversize lenses (exceeding 71 mm); photo-gray lenses; polished edges; UV-400 coating and facets, and tints other than solid.
- Claims filed more than 90 days after completion of the service (or longer than 90 days in certain states). An exception is if the Insured shows it was not possible to submit the proof of loss within this period.

Underwritten by:  **Ameritas**
fulfilling life

Group dental, vision and hearing care products (9000 Rev. 03-08, dates may vary by state) are issued by Ameritas Life. Some plan designs are not available in all areas.

Ameritas, the bison design, "fulfilling life" and product names designated with SM or ® are service marks or registered service marks of Ameritas Life, affiliate Ameritas Holding Company or Ameritas Mutual Holding Company. All other brands are property of their respective owners.

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