VISION INSURANCE

GENEVA BENEFITS GROUP

Vision care at an affordable price

Even if you have perfect vision, preventative eye care is essential for ensuring the health of your vision in the years to come. The most important step is receiving routine examinations from a qualified eye care professional. Coverage is provided through Ameritas and EyeMed, whose network is more than 50,000 providers strong.

BENEFITS

- 50,000 providers and provider locations nationwide
- Laser Vision Correction Benefit
- Out of network benefits available
- Access to the Ameritas Group money-saving eye care network of EyeMed Vision Care

OPTIONS

- **Basic Vision**
  - Basic Vision pays for vision examinations, corrective lenses and frames when prescribed by an ophthalmologist or an optometrist
- **Basic/Enhanced Vision**
  - Basic/Enhanced Vision includes the same features of Basic, includes enhanced coverage and reduces the expenses for employees
- **Voluntary Vision**
  - Voluntary Vision pays for vision examinations, corrective lenses and frames when prescribed by an ophthalmologist or an optometrist

In partnership with

EyeMed

Ameritas

VISION INSURANCE BENEFITS

Benefits	Vision Plans (Basic) EyeMed Access Network	
	In-Network	Out-of-Network
Deductibles	$10 Copay for Exam	No Deductible
Annual Eye Exam	Covered in Full	Up to $35 Reimbursement
Frequencies Exam/Lens/Frames	Every 12 Months Based on Date of Service	Every 12 Months Based on Date of Service

IN-NETWORK DISCOUNTS

Vision Services	Service Detail	Member Cost
The following lenses, frame and lens option discounts and fees apply only if a complete pair of glasses is purchased. Items purchased separately will be discounted 20% of the retail price.		
Frame	Available at Provider Location	35% off Retail Price
Standard/ Plastic Lenses[1]	Single Vision	$50
	Bifocal	$70
	Trifocal	$105
Contact Lenses[2]	Conventional	15% of Retail Price

Lenses (Progressive)	Member Cost
Standard	$65 Plus Standard Plastic Lens Cost
Premium	20% Discount

VISION INSURANCE BENEFITS

Benefits	Vision Plans (Enhanced and Voluntary) EyeMed Access Network	
	In-Network	Out-of-Network
Deductibles	$10 Copay for Exam $25 Eye Glass Lenses	No Deductible
Annual Eye Exam	Covered in Full	Up to $35
Frames	$150	Up to $75 Reimbursement
Frequency (Annual)	Exam - Annual, Lens - Annual, Frames - 24 Months	Exam - Annual, Lens - Annual, Frames - 24 Months
Elective Procedures	Up to $150 Reimbursement	Up to $120 Reimbursement
Medically Necessary	Covered in Full	Up to $200 Reimbursement
Lenses (Per Pair)		
Single Vision	Covered in Full	Up to $25 Reimbursement
Bifocal	Covered in Full	Up to $40 Reimbursement
Trifocal	Covered in Full	Up to $55 Reimbursement
Lenticular	20% Discount	No Benefit
Lenses (Progressive)		
Standard	Standard $90	No Benefit
Premium	Premium: Lens Cost - 20% Discount ($30 Allowance)	No Benefit
Contact Lenses Fit and Follow Up Exam		
Standard	Standard Member Cost Up to $55	No Benefit
Premium	Premium: 10% Off Retail	No Benefit

- **Basic Vision**: Frame, lens, and lens option discounts apply only when purchasing a complete pair of eyeglasses. If purchased separately, members receive 20% off the retail price
- **Enhanced Plan:** Members also receive a 40% discount off the purchase of a complete pair of eyeglasses and a 15% discount off conventional contact lenses once the covered benefit has been used
- **Eyeglass Lens Upgrades:** The plans provide either a flat-dollar allowance or a discount off retail for a variety of eyeglass lens upgrades, such as anti-reflective coating, UV coating, tints, progressive multifocals, and photochromics (e.g., transition lenses)

WHO CAN PARTICIPATE?

Basic & Enhanced Vision

- Full-time (minimum 30 hours per week) employee of PCA church or related organization, living in the U.S.
- Eligibility begins on the first day of the month following your date of hire for most employees
- All full-time staff must be enrolled in Basic & Enhanced Vision to qualify

Voluntary Vision

- Full-time (minimum 30 hours per week) employee of PCA church or related organization, living in the U.S.
- Eligibility Begins on the first day of the month following your date of hire for most employees
- If your church does not have 100% participation in the vision plan, your church can enroll you in our voluntary plan

CUSTOMER SUPPORT

Our benefits advisors are ready to help you enroll and to answer your questions. Schedule a call today at benefits@genevabenefits.org. Contact the EyeMed Customer Care Center at 1 (866) 289-0614 to locate the nearest EyeMed Access network provider, view plan benefits information and more.

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[1] There are other lens options available: Standard Polycarbonate, Tinted (solid or gradient), Scratch Resistant Coating, Anti-reflective Coating, Ultraviolet Coating for additional cost

[2] Does not include disposable contact lens (other limitations apply)