



GemStarSM Flex Vision

Coverage to fit your needs.

GemStar Flex Vision comes with the freedom to use any vision provider, but offers greater savings through additional network discounts.

- For employer groups with 2-99 lives
- Employee option of VSP®, EyeMed or non-network plan
- No waiting periods with a four-year rate guarantee¹



Plan Details

Plan Option	VSP®		EyeMed		Non-Network
Annual	\$10 exam / \$25 material		\$10 exam / \$25 material		NA
Deductible Frequencies	Exams and lenses once a year Frames once every two years		Exams and lenses once a year Frames once every two years		NA
	In-Network	Out-of-Network	In-Network	Out-of-Network	
Eye Exam	100% Covered	Up to \$45	100% Covered	Up to \$35	Flat annual maximum of \$150 is reimbursed for exams, lenses and frames collectively
Frames	Up to \$130	Up to \$70	Up to \$100	Up to \$45	
Contacts	Up to \$130	Up to \$105	Up to \$115	Up to \$100	
Single Lenses	100% Covered	Up to \$30	100% Covered	Up to \$25	
Bifocal Lenses	100% Covered	Up to \$50	100% Covered	Up to \$40	
Trifocal Lenses	100% Covered	Up to \$65	100% Covered	Up to \$55	
Progressive Lenses	\$55-\$175	Not Covered	\$65	Up to \$55	
Network ²	VSP Choice Network offers over 78,000 access points at nearly 5,000 retailer locations nationwide.		EyeMed Vision Care Access Network offers more than 94,000 access points at nearly 6,000 retail locations		
Find a Provider	800-877-7195		866-289-0614		
	vsp.com		eyemed.com		
Network Savings	<p>20% off remaining balance on frames and additional non-covered complete prescription glasses.</p> <p>20-25% off non-covered lens options such as UV coating and polycarbonate lenses.</p> <p>Average 15% off usual and customary price, or 5% off promotional price, for LASIK or PRK through VSP and a contracted laser surgery center.</p> <p>Based on applicable laws, reduced costs may vary by doctor location.</p>		<p>20% off remaining frame balance and materials not covered by plan (excludes lens upgrades).</p> <p>40% off complete pair prescription glasses after plan benefit.</p> <p>Special pricing on lens upgrades such as UV coating and polycarbonate lenses.</p> <p>15% off retail price, or 5% off promotional price, for LASIK or PRK with US Laser Network.</p> <p>Based on applicable laws, reduced costs may vary by doctor location.</p>		

Member Savings

You may receive additional savings that can reduce out of pocket expenses:



Save on prescription medications through any Walmart or Sam's Club pharmacy (membership at Sam's Club not required).



Access to emergency vision provider referrals when traveling outside the U.S. through AXA Assistance.

Additional Information

Eligible Employees: An individual employed by a participating employer who works 20 hours or more per week, and who is considered an employee for Social Security purposes. Partners and Proprietors are also considered to be eligible employees.

Dependents: A spouse or domestic partner, or dependent child under age 26.

Eligible Dependent: An unmarried child at least 26 years of age who relies on you for support because he or she is incapable of self-sustaining employment due to mental or physical incapacity.

Network Discounts: Based on applicable laws, reduced costs may vary by doctor location for VSP and EyeMed plans.

What is not covered?

VSP® Limitations

Please check for availability in your state. 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.
- Services and/or materials not specifically included in the 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 of the Plan Benefits.
- 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.
- Covered persons may be required to purchase a membership at certain retail locations before accessing plan benefits.

EyeMed Limitations

Please check for availability in your state. 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.



This plan is not available in the state of Washington.

¹ A four-year rate guarantee is not available in the state of Florida. Rates are capped at 1 year for groups under 61 lives.

² VSP Choice Network and EyeMed Vision Care Access Network not available in Massachusetts, Maryland, Montana, and Rhode Island.

This information is provided by Ameritas Life Insurance Corp. (Ameritas Life). Group dental, vision and hearing care products (9000 Rev. 03-16, dates may vary by state) and individual dental and vision products (Indiv. 9000 Rev. 07-16, dates may vary by state) are issued by Ameritas Life. Some plan designs are not available in all areas. Some states require that producers be appointed with Ameritas Life before soliciting its products.

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