



Vision Proposal

Due Date: December 2, 2022

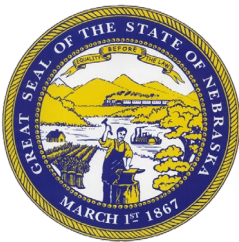
6729 Z1

Cost Proposal

Prepared for:

State of Nebraska

Effective Date: 7/2023



Ameritas Life Insurance Corp.

Chris Ober

Regional Group Manager

440 Regency Parkway Dr, Ste 250

Omaha, NE 68114

Phone: 402-384-8000

Email: cober@ameritas.com


Table of Contents

Cost Proposal 1

- 6729 Z1 Attachment 1 Cost Proposa 10 31 See Attached
- Vision Proposal 5

Cost Proposal



The following Cost Proposal Document(s) has/have been attached, for your review. Please see the attachment tab in the left margin, which looks like a paperclip , to view the following document(s):

- 6729 Z1 Attachment 1 Cost Proposal 10 31

fulfilling life

for State of Nebraska

Chris Ober
440 Regency Pkwy Dr.
Suite #250
Omaha, NE 68114
402-548-6381

Eye Care Proposal

December 1, 2022





Eye Care Plan Design Summary3
Eye Care Features/Benefits8
Assumptions/Requirements.....9
Limitations/Exclusions 10

Based on the information provided to us, we've prepared this proposal to meet the needs of State of Nebraska and its people. Every benefits solution we offer -- from fully insured coverage to administrative service arrangements -- represents **our promise** to provide products that help protect the health of your employees and serve your organization. If any of your information or needs change, we will be happy to provide an updated proposal.

Eye Exam, Lenses, Frames, Frequencies

Proposed Effective Date: 7/1/2023

	Basic Plan: ViewPointe® Plan H		Basic Plan: Focus®	
	EyeMed Insight Network	Out of Network	VSP Choice Network + Affiliates	Out of Network
Annual Eye Exam	Covered in full	Up to \$40	Covered in full	Up to \$45
Lenses (per pair)				
Single Vision	Covered in full	Up to \$25	Covered in full	Up to \$30
Bifocal	Covered in full	Up to \$40	Covered in full	Up to \$50
Trifocal	Covered in full	Up to \$55	Covered in full	Up to \$65
Lenticular	Covered in full	Up to \$55	Covered in full	Up to \$100
Progressive	See lens options	NA	See lens options	NA
Frame Allowance	\$105	Up to \$58	\$105**	Up to \$70
Frequencies				
Exam/Lens/Frames	12/24/24	12/24/24	12/24/24	12/24/24
	Based on date of service	Based on date of service	Based on date of service	Based on date of service

**The Costco and Walmart allowance will be the wholesale equivalent.

Deductible, Maximum

	Basic Plan: ViewPointe® Plan H	Basic Plan: Focus®
Deductibles	\$10 Exam \$10 Eye Glass Lenses	No deductible \$10 Exam \$10 Eye Glass Lenses or Frames*
Maximum per benefit period	None	None

*Deductible applies to a complete pair of glasses or to frames, whichever is selected.

Contact Lenses

	Basic Plan: ViewPointe® Plan H	Basic Plan: Focus®
Fit & Follow Up Exams	Standard: Member cost up to \$40 Premium: 10% off of retail	No benefit Member cost up to \$60 No benefit
Contacts		
Elective	Up to \$105	Up to \$84
Medically Necessary	Covered in full	Up to \$200

Monthly Rates

Employee (EE)	\$5.20
EE + Spouse	\$8.36
EE + Children	\$8.52
EE + Spouse & Children	\$13.72

Rates are guaranteed for 72 months following the effective date listed above.

Rates include: home address mailings for ID cards.

PLEASE NOTE: Rates assume enrollment in our electronic certificate (eCert) program. If you choose to receive paper certificates, monthly rates will increase.

Employee Participation Requirements

Eligible Employees: 16,779

	The greater of 60% or 3 lives between the plans Voluntary
--	--

Lens Options (member cost)*

	Basic Plan: ViewPointe® Plan H		Basic Plan: Focus®	
	EyeMed Insight Network	Out of Network	VSP Choice Network + Affiliates (Other than Costco)	Out of Network
Progressive Lenses	See Below	See Below	Up to provider's contracted fee for Lined Bifocal Lenses. The patient is responsible for the difference between the base lens and the Progressive Lens charge.	Up to Lined Bifocal allowance.
Standard Premium	\$75	Up to \$40	NA	NA
Tier 1	\$95	Up to \$40	NA	NA
Tier 2	\$105	Up to \$40	NA	NA
Tier 3	\$115	Up to \$40	NA	NA
Tier 4	\$75 copay; 20% off retail price less the allowance	Up to \$40	NA	NA
Std. Polycarbonate	Children under 19: \$0 Adults: \$40	Children under 19: Up to \$5 Adults: No benefit	Covered in full for dependent children \$33 adults \$17-\$33	No benefit
Scratch Resistant Coating	\$15	No benefit	\$43-\$85	No benefit
Anti-Reflective Coating				
Standard Premium	\$45	No benefit	NA	NA
Tier 1	\$57	No benefit	NA	NA
Tier 2	\$68	No benefit	NA	NA
Tier 3	20% off retail price	No benefit	NA	NA
Ultraviolet Coating	\$15	No benefit	\$16	No benefit
LASIK or PRK	Average discount of 15% off retail price or 5% off promotional price at US Laser Network participating providers.	No benefit	NA	NA

*Lens Option member costs vary by prescription, option chosen and retail locations.

Eye Exam, Lenses, Frames, Frequencies

Proposed Effective Date: 7/1/2023

	Premium Plan: ViewPointe® Plan H		Premium Plan: Focus®	
	EyeMed Insight Network	Out of Network	VSP Choice Network + Affiliates	Out of Network
Annual Eye Exam	Covered in full	Up to \$40	Covered in full	Up to \$45
Lenses (per pair)				
Single Vision	Covered in full	Up to \$25	Covered in full	Up to \$30
Bifocal	Covered in full	Up to \$40	Covered in full	Up to \$50
Trifocal	Covered in full	Up to \$55	Covered in full	Up to \$65
Lenticular	Covered in full	Up to \$55	Covered in full	Up to \$100
Progressive	See lens options	NA	See lens options	NA
Frame Allowance	\$120	Up to \$65	\$120**	Up to \$70
Frequencies				
Exam/Lens/Frames	12/12/12	12/12/12	12/12/12	12/12/12
	Based on date of service	Based on date of service	Based on date of service	Based on date of service

**The Costco and Walmart allowance will be the wholesale equivalent.

Deductible, Maximum

	Premium Plan: ViewPointe® Plan H		Premium Plan: Focus®	
	Deductibles	\$10 Exam \$10 Eye Glass Lenses	No deductible	\$10 Exam \$10 Eye Glass Lenses or Frames*
Maximum per benefit period	None	None	None	None

*Deductible applies to a complete pair of glasses or to frames, whichever is selected.

Contact Lenses

	Premium Plan: ViewPointe® Plan H	Premium Plan: Focus®
Fit & Follow Up Exams	Standard: Member cost up to \$40 Premium: 10% off of retail	No benefit No benefit
Contacts		Member cost up to \$60
Elective	Up to \$130	Up to \$104
Medically Necessary	Covered in full	Up to \$200

Monthly Rates

Employee (EE)	\$8.08
EE + Spouse	\$12.92
EE + Children	\$13.16
EE + Spouse & Children	\$21.26

Rates are guaranteed for 72 months following the effective date listed above.

Rates include: home address mailings for ID cards.

PLEASE NOTE: Rates assume enrollment in our electronic certificate (eCert) program. If you choose to receive paper certificates, monthly rates will increase.

Employee Participation Requirements

Eligible Employees: 16,779

	The greater of 60% or 3 lives between the plans Voluntary
--	--

Lens Options (member cost)*

	Premium Plan: ViewPointe® Plan H		Premium Plan: Focus®	
	EyeMed Insight Network	Out of Network	VSP Choice Network + Affiliates (Other than Costco)	Out of Network
Progressive Lenses	See Below	See Below	Up to provider's contracted fee for Lined Bifocal Lenses. The patient is responsible for the difference between the base lens and the Progressive Lens charge.	Up to Lined Bifocal allowance.
Standard Premium	\$75	No benefit	NA	NA
Tier 1	\$95	No benefit	NA	NA
Tier 2	\$105	No benefit	NA	NA
Tier 3	\$115	No benefit	NA	NA
Tier 4	\$75 copay; 20% off retail price less allowance	No benefit	NA	NA
Std. Polycarbonate	Children under 19: \$0 Adults: \$40	Children under 19: Up to \$5 Adults: No benefit	Covered in full for dependent children \$33 adults	No benefit
Scratch Resistant Coating	\$15	No benefit	\$17-\$33	No benefit
Anti-Reflective Coating			\$43-\$85	No benefit
Standard Premium	\$45	No benefit	NA	NA
Tier 1	\$57	No benefit	NA	NA
Tier 2	\$68	No benefit	NA	NA
Tier 3	20% off retail price	No benefit	NA	NA
Ultraviolet Coating	\$15	No benefit	\$16	No benefit
LASIK or PRK	Average discount of 15% off retail price or 5% off promotional price at US Laser Network participating providers.	No benefit	NA	NA

*Lens Option member costs vary by prescription, option chosen and retail locations.

Additional Focus® Choice Network Features (In Network)

Contact Lenses Elective	Allowance can be applied to disposables, but the dollar amount must be used all at once (provider will order 3 or 6 month supply). Applies when contacts are chosen in lieu of glasses. For plans without a separate contact fitting & evaluation (which includes follow up contact lens exams), the cost of the fitting and evaluation is deducted from the allowance.
Lens Options (Member Cost)*	\$15 - Solid Plastic Dye (Except Pink I & II) \$17 - Plastic Gradient Dye \$31-\$82 - Photochromatic Lenses (Glass & Plastic) Lens Option member cost vary by prescription and option chosen.
Additional Glasses	20% off additional complete pairs of prescription glasses and/or prescription sunglasses.*
Frame Discount	VSP offers 20% off any amount above the retail allowance.*
Laser VisionCareSM	VSP offers an average discount of 15% off or 5% off a promotional offer for LASIK Custom LASIK and PRK. The maximum out-of-pocket per eye for members is \$1,800 for LASIK and \$2,300 for custom LASIK using Wavefront technology, and \$1,500 for PRK. In order to receive the benefit, a VSP provider must coordinate the procedure.
Low Vision	With prior authorization, 75% of approved amount (up to \$1,000 is covered every two years).

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

Additional ViewPointe® Features (In Network)

Discounts	15% discount on the remaining balance in excess of the conventional contact lens allowance. 20% discount on the remaining balance in excess of the frame allowance. 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.
Lens Options (Member Cost)	\$15 - Tint (Solid & Gradient).
Secondary Purchase Plan	Members receive a 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 conventional contact lenses once the funded benefit has been exhausted. Discount applies to materials only.
Contact Lens Replacement by Mail Program	After exhausting the contact lens benefit, replacement lenses may be obtained at significant discounts on-line. Visit EyeMedvisioncare.com for details.

Ameritas Focus® Eye Care

VSP Network

VSP has the largest network of independent doctors nationwide. Retailers include Costco Optical, Sam's Club, Visionworks and Walmart. See the network providers in your area at vsp.com.

Online In-Network Options

Eyeconic.com is VSP's in-network online eyewear store. Vision benefits are applied directly to the online order.

VSP Benefits are Easy to Use

- Members create an account at vsp.com to review their vision benefits.
- At their appointment, members tell the office they have VSP coverage. No ID card is needed. For reference, an ID card can be printed from their member account.
- There are no claim forms to complete when seeing a VSP network provider.

VSP savings

VSP provider discounts include 20% off the remaining frame balance, additional prescription glasses, and non-covered lens options.

Discounts also are available on LASIK or PRK laser vision correction procedures.

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

Ameritas ViewPointe® Eye Care

EyeMed Network

Five of the top six national retail chains accept EyeMed, including LensCrafters, Pearle Vision and Target Optical. See network providers in your area at eyemed.com.

Online In-Network Options

Glasses.com and Contacts Direct are in the EyeMed network, and your vision benefits are applied directly to your online order.

EyeMed Benefits are Easy to Use

- Members create an account at eyemed.com to review their vision benefits.
- At their appointment, members tell the office they have EyeMed coverage. No ID card is needed. For reference, an ID card can be printed from their member account.
- There are no claim forms to complete when seeing an EyeMed network provider.

EyeMed savings

EyeMed provider discounts include 20% off the remaining frame balance, materials not covered by the plan, and non-prescription sunglasses.

Discounts also are available on LASIK or PRK laser vision correction procedures.

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

Rx Savings - Extra value for Ameritas plan members

- It's no secret that prescription medications can be one of the biggest - and most important - health care expenditures a person, family or organization faces. Not to mention, when a person requires long-term maintenance medications, it can become a serious budgeting issue.
- Our valued plan members and their covered dependents can save on prescription medications at over 60,000 pharmacies across the nation including CVS, Walgreens, Rite Aid and Walmart. This Rx discount is offered at no additional cost, and it is not insurance.
- If your organization offers its associates health care pharmacy benefits, this no-cost Rx discount could save significant dollars. Participating pharmacies will give Ameritas plan members their normal health care pharmacy benefit, or the Rx discount, whichever saves more.
- Members can receive up to 65% savings on generic prescriptions, and overall average savings of 40% across brand name and generic prescription combined.
- To receive the Rx discount, Ameritas plan members just need to visit us at ameritas.com and sign into (or create) a secure member account. That's where they can access and print an online-only Rx discount savings ID card.
- Also, when choosing eServices, your benefits administrator will have access to the online-only Rx discount savings ID card to assist members without Internet access.

- If you purchase group insurance through Ameritas, your producer will receive compensation from Ameritas Group. This compensation may include one or more of the following:
 - Commission or override commission based on customary or negotiated scales.
 - Additional compensation based on factors such as the volume of premium, cases or lives placed by your producer with Ameritas, or persistency.
 - Fees for administrative or consulting services.

If you have any questions about the amount or type of compensation, please contact your producer.

- Some states require that producers be appointed with Ameritas Life Insurance Corp. before any presentation or solicitation of this plan design.
- This proposal is not a contract or a certificate of insurance. It contains proposed rates and benefits that are based on preliminary enrollment data. Such rates and benefits are subject to adjustment if final enrollment varies from the preliminary data.
- This proposal is based on the assumption it will be sold in conjunction with a bona fide cafeteria plan regulated by Section 125 of the Internal Revenue code, and it must meet all of the Section 125 requirements. Ameritas Life Insurance Corp. reserves the right to request a copy of the employer's Section 125 cafeteria plan. If you select Ameritas Life Insurance Corp.'s plan and implement it through a cafeteria approach regulated by Section 125, we will require that all eligible employees and dependents requesting benefits: (a) make annual selections, and (b) remain in the plan for a minimum of one year. Changes in these selections will not be allowed except for certain "life event" or family status changes such as marriage, birth, death or termination of employment.
- Benefits could be available for all full-time, active employees working at least 30 hours per week and dependents who have completed the designated waiting period.
- This proposal is being made as a result of information provided in the request for a proposal. It is intended for informational purposes and is not an offer to contract. If **State of Nebraska** wishes to apply for group insurance based upon this proposal, **State of Nebraska** may complete a Preliminary Application for Group Insurance. The Application will be subject to review and approval by the Home Office of the Company. If the Application is accepted, the final rates and benefits will be based on verification of this information and final enrollment.
- Ameritas does not issue coverage to individuals residing in Europe.
- Dependent children are covered up to age 26 regardless of student status in the situs State of Nebraska.
- For residents of New Mexico, coverage will be administered in accordance with the minimum benefit standards required by New Mexico law. Please consult your sales representative with questions regarding these requirements.
- This proposal assumes 5% of the benefit eligible employees are retirees. If this percentage changes, Ameritas Life Insurance Corp. reserves the right to revise the rates retroactive to the effective date of the vision benefits to accommodate this change.
- No benefits are payable for a service which is not listed under the list of eye care services.
- This plan is provided as part of the Policyholder's Section 125 Plan. Each employee has the option under the Section 125 Plan of participating or not participating in this plan. If an employee does not elect to participate when initially eligible, he/she may elect to participate at the Policyholder's next Annual Election Period.
- Employees electing coverage on the July 1, 2023, effective date must remain in the plan for the first 12 months. Employees will be allowed an election period on July 1, 2023.
- This proposal assumes a Section 125 plan year of July 1 to July 1. The first plan year will run July 1, 2023 through July 1, 2024. Subsequent plan years will be on a July 1 to July 1 basis to coincide with the Section 125 plan year.

Covered Expenses will not include and no benefits will be payable for expenses incurred for:

Limitations for Plan(s) Basic Plan: ViewPointe® Plan H, Premium Plan: ViewPointe® Plan H

- vision examinations more than the frequency as indicated on the plan summary page.
- lenses more than the frequency as indicated on the plan summary page.
- frames more than the frequency as indicated on the plan summary page.
- contact lenses more than once in any twelve month period. When chosen, contact lenses shall be in lieu of any other lens benefit during the twelve month period. When eyeglass lenses are chosen, expenses for contact lenses are not Covered Expenses during the twelve month period.
- contacts limited to the amount shown on the plan summary page unless they are medically necessary. Contact lenses are defined as medically necessary if the individual is diagnosed with one of the following conditions:
 - keratoconus where the patient is not correctable to 20/30 in either or both eyes using standard spectacle lenses.
 - High Ametropia exceeding -10D or +10D in meridian powers.
 - anisometropia of 3 D or more.
 - patients whose vision can be corrected two (2) lines of improvement on the visual acuity chart when compared to best corrected standard spectacle lenses.If the member is diagnosed with a medically necessary condition, the Provider will submit a request for pre-authorization to EyeMed. The Medical Director reviews all requests for medically necessary contact lenses. If approved, the member will be covered for medically necessary contact lenses up to the plan allowance.
Such payment is limited to once in any twelve month period and is in lieu of lens benefits under this proposal.
- orthoptics or eye care training and any associated testing.
- plano non-prescription lenses and non-prescription sunglasses (except for 20% discount).
- two pairs of glasses in lieu of bifocals. (Does not apply to Secondary Discounts).
- lenses and frames which are lost or broken, except at the normal intervals when services are otherwise available.
- medical and/or surgical treatment of the eye, eyes, or supporting structures.
- services for which a claim is filed more than 1 year after completion of the service.
- for any procedure not listed on the Schedule of Eye Care Services.

This plan has the following limitation: (Basic Plan: Focus®, Premium Plan: Focus®)

Some brands of spectacle frames may be unavailable at all locations for purchase as Covered Expenses, or may be subject to additional out-of-pocket expenses. Members may obtain details regarding frame brand availability from their treating provider or by calling VSP's Customer Care Division at (800) 877-7195.

This plan does not cover: (Basic Plan: Focus®, Premium Plan: Focus®)

- More than one eye exam in the frequency as indicated on the plan summary page.
- More than one pair of lenses in the frequency as indicated on the plan summary page.
- More than one set of frames in 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.

