

fulfilling life

for City of North Las Vegas

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Eye Care Proposal
May 8, 2017





Eye Care Plan Design Summary3
Eye Care Features/Benefits5
Assumptions/Requirements.....7
Limitations/Exclusions8

Based on the information provided to us, we've prepared this proposal to meet the needs of City of North Las Vegas 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: 7/1/2017

	Plan 1: Focus®	
	VSP Choice Network + Affiliates	Out of Network
Annual Eye Exam	Covered in full	Up to \$45
Lenses (per pair)		
Single Vision	Covered in full	Up to \$30
Bifocal	Covered in full	Up to \$50
Trifocal	Covered in full	Up to \$65
Lenticular	Covered in full	Up to \$100
Progressive	See lens options	NA
Frames	\$150**	Up to \$75
Frequencies		
Exam/Lens/Frames	12/12/24 Based on date of service	12/12/24 Based on date of service

**The Costco allowance will be the wholesale equivalent.

Deductible, Maximum

Deductibles	\$10 Exam \$25 Eye Glass Lenses or Frames*	\$10 Exam \$25 Eye Glass Lenses or Frames
Maximum Calendar Year	None	None

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

Contact Lenses

Fit & Follow Up Exams	Member cost up to \$60	No benefit
Contacts		
Elective	Up to \$150	Up to \$120
Medically Necessary	Covered in full	Up to \$210

Monthly Rates

Grand Composite	\$15.40
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Rates are guaranteed for 12 months following the effective date listed above.
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: 450

	All eligible employees Non-Contributory
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Lens Options (member cost)*

	Plan 1: Focus®	
	VSP Choice Network + Affiliates (Other than Costco)	Out of Network
Progressive Lenses	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.
Std. Polycarbonate	Covered in full for dependent children \$33 adults	No benefit
Scratch Resistant Coating	\$17-\$33	No benefit
Anti-Reflective Coating	\$43-\$85	No benefit
Ultraviolet Coating	\$16	No benefit

*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.

Ameritas Focus® Eye Care

Focus eye care plans from Ameritas Group will help your employees receive and pay for the eye care they need. Our Focus plans emphasize eye health and preventive care, and features experienced, independent private-practice VSP eye doctors.

The Ameritas Group Partners with VSP® Vision Care

Since the mid-1980s, Ameritas Group and VSP have shared a strong business alliance based on similar philosophies: a commitment to excellent service. For Focus plans, Ameritas provides expertise in actuarial, underwriting, policy and certificate issue, and plan administration including eligibility and billing/collecting. VSP provides a network of exceptional eye care doctors, in addition to claims processing and customer service to Focus plan members.

VSP's Philosophy is One-Stop Care

Each doctor in VSP's network provides exam and eyewear services, so there's no need for Focus plan members to have a comprehensive exam in one location and then travel to another for their lenses and frames. VSP's statistics indicate most of the U.S. population lives within 4 miles of a VSP doctor.

Focus Plan Members Use The VSP Choice Network

Policyholders can select the VSP Choice Network, offering 29,000 doctors and 50,000 access points, plus reduced rates. Members will still save out-of-pocket for typical eye care services, including an average savings of 20-25% on lens options.

Member Choice

As with every Ameritas Group plan, members may visit any eye doctor. When Focus plan members see non-VSP providers, benefits are reimbursed according to the plan schedule.

No Claim Forms

Making an appointment and receiving claims payment through VSP will be easy for your employees. There is no paperwork or claim to file. Focus plan members simply make an appointment with a VSP doctor, state that they have coverage in a VSP network, and visit the doctor. VSP handles the rest.

Service And Satisfaction

A Recent Summary of Performance Results from VSP:

Member Satisfaction with Plan	99% (good/very good/excellent)
Ease of Doing Business with VSP	99% (good/very good/excellent)
Claims Financial Accuracy	100%
Claims Processing Accuracy	100%
Call Center Average Speed of Answer	14 Seconds
Call Center Telephone Inquiry Response	99.5% (same day response)
Call Abandonment Rate	1.4%

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.

Retail Chain Affiliate Providers Available With Focus Plans

Effective January 1, 2012, retail chain affiliate providers, which include Costco® Optical and Visionworks, give members added convenience and additional retail choices. Costco Optical has 400 locations across the country, while Visionworks manages nearly 400 optical stores in 37 states and DC, including well-known stores such as EyeMasters, Visionworks, Dr. Bizer's VisionWorld, Eye DRx, and Hour Eyes, to name a few. Members enjoy a covered-in-full benefit experience with equivalent frame benefit at any of these retail chain locations.

Worldwide Support

When our members travel abroad, they'll have peace of mind knowing that should a dental or vision need arise, help is just a phone call away. Through AXA Assistance, Ameritas offers its dental and vision plan members 24-hour access to dental or vision provider referrals when traveling outside the U.S.

Immediately after a call is made to AXA, an assistance coordinator assesses the situation, provides credible provider referrals and can even assist with making the appointment. Within 48 hours following the appointment, the coordinator calls the member to find out if additional assistance is needed. If all is well, the case is closed. Then, the plan member may submit a claim to Ameritas for reimbursement consideration based on applicable plan benefits. Contact AXA Assistance USA toll free by calling 866-662-2731, or call collect from anywhere in the world by dialing 1-312-935-3727.

- 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.
- The rates are based on Standard Industry Code 922011.
- 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 **City of North Las Vegas** wishes to apply for group insurance based upon this proposal, **City of North Las Vegas** 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.
- Dependent children are covered up to age 26 regardless of student status in the situs State of Nevada.
- The policyholder contributes the entire employee and dependent premium cost. An employee may not pay any portion of the employee or dependent cost.
- This proposal assumes 0% 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. Please note: if the retiree population is 20% or more, Ameritas Life Insurance Corp. reserves the right to remove the vision benefits from this proposal.
- No benefits are payable for a service which is not listed under the list of eye care services.

This plan has the following limitation:

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:

- 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.
- 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.