



Materials Only Plan

Deductibles	None
Annual Eye Exam	No exam needed
Lenses (per pair)	
Single Vision	Up to \$65
Bifocal	Up to \$90
Trifocal	Up to \$120
Lenticular	Up to \$125
Contacts	
Elective/Medically Necessary	Up to \$125
Frames	\$125
Frequencies (months)	
Lens/Frame	12/24
	Based on date of service

Monthly Rates

Employee Only (EE)	\$6.50
Family	\$14.50

Ameritas Information

We're Here to Help

This plan was designed specifically for the clients of **First Financial Group of America**. At Ameritas Group, we do more than provide coverage - we make sure there's always a friendly voice to explain your benefits, listen to your concerns, and answer your questions. Our customer relations associates will be pleased to assist you 8 a.m. to 1 a.m. (Eastern Time) Monday through Thursday, and 8 a.m. to 7:30 p.m. on Friday. You can speak to them by calling toll-free: 800-487-5553. For plan information any time, access our automated voice response system or go online to www.ameritasgroup.com/member. Claim forms can be located at www.ameritasgroup.com and should be submitted to Ameritas Group Claim Office, P.O. Box 82520, Lincoln, NE 68501.

If you would like a complete copy of your vision insurance certificate, please visit our website at www.ameritasgroup.com.

This document is a highlight of plan benefits provided by Ameritas Life Insurance Corp. as selected by your employer. It is not a certificate of insurance and does not include exclusions and limitations. For exclusions and limitations, or a complete list of covered procedures, contact your benefits administrator.