AMERITOPICS

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AMERITAS EYE*CHOICE*: THREE WAYS FOR YOUR CLIENTS TO OFFER EYE CARE

EyeChoice from Ameritas Group lives up to its name, giving employers a choice of three plan designs and allowing them to offer employees affordable eye care coverage. All three plans have a standard two-year rate guarantee:

With **Vision Perfect®**, there is no network of physicians; each insured chooses any eye care provider. Insureds pay the eye doctor for services, then submit a claim to Ameritas for reimbursement. Benefits are based on the plan's scheduled amounts, so insureds know in advance exactly how much they will be reimbursed.

ViewPointe℠ features EyeMed Vision Care's integrated network, giving members a true choice in provider selection. Members have access to more than 24,000 providers, both independent providers and retailers, including the nation's leading optical retailer, LensCrafters®. Members receive a 20% discount off items not fully covered by the plan, continued savings of up to 45% through the Premier-Plus Secondary Purchase Plan after the initial benefit has been used, and 15% off retail or 5% off promotional price for LASIK or PRK procedures through the U.S. Laser Network owned by LCA-Vision.

The **Focus®** plan features VSP, ranked "Highest in Overall Satisfaction Among National Vision Plans" by J.D. Power and Associates.* VSP offers the largest network of doctors in the industry, with some 30,000 access points across the nation, including 10,000 convenient retail locations. Members visit a VSP network doctor for guaranteed 100% satisfaction and the greatest value, as well as 20% off additional non-covered pairs of prescription glasses/sunglasses, 15% off contact lens exams, and 15% average savings on LASIK or PRK surgery at a contracted laser surgery center.

See the Plan Comparison below. Your Ameritas Group representative will be pleased to provide more information about the benefits of each plan!

**2004 National Vision Plan Member Satisfaction Study. Study based on 766 respondents who are members of large national vision care plans. Study conducted for VSP by J.D. Power and Associates.*

BENEFITS	VISION PERFECT	VIEWPOINTE		FOCUS	
		EYEMED-PANEL	OUT-OF-PANEL	VSP-PANEL	OUT-OF-PANEL
Annual Eye Exam	covers up to $45	100% covered	covers up to $35	100% covered	covers up to $52
Single Vision Lenses	covers up to $35	100% covered	covers up to $25	100% covered	covers up to $55
Bifocal Lenses	covers up to $50	100% covered	covers up to $40	100% covered	covers up to $75
Trifocal Lenses	covers up to $65	100% covered	covers up to $55	100% covered	covers up to $95
Progressive Lenses	covers up to $70				
Lenticular Lenses	covers up to $70	100% covered	covers up to $55	100% covered	covers up to $125
Frame	covers up to $40	covers up to $80	covers up to $35	covers up to $105	covers up to $40
Contact Lenses- elective	covers up to $75	covers up to $90	covers up to $80	covers up to $105	covers up to $105
Contact Lenses- medical	covers up to $75	covers up to $250	covers up to $200	covers up to $210	covers up to $210

Vision Perfect plan- *the patient will be responsible for any deductible, if applicable, and any cost over the specified plan benefits, as stated above. Plan includes a lifetime deductible of $40 for Frames/Contact Lenses, $0 for Lenses (other than contacts).*
ViewPointe plan- *EyeMed provides up to $80 toward a new frame. If the insured chooses a frame exceeding this allowance, he/she will receive a 20 percent discount off the excess amount. Insureds on ViewPointe plan pay a $10 annual deductible on exams and $25 lens deductible.*
Focus plan- *VSP provides up to $105 toward a new frame. If the insured chooses a frame exceeding this allowance, he/she will receive a 20 percent discount off the excess amount. Insureds on Focus plan pay a $10 annual deductible on exams and $25 annual deductible on materials.*

In all three plans, Lenses/Frame and Contacts are not both available during the same 12- or 24-month period.

In all three plans, the frequency for Exam-Lenses-Frame is 12-12-24 months.

ADA CODES CHANGING JANUARY 1

The American Dental Association has revised its dental procedure codes effective January 1, 2005.

Dentists use the ADA's codes (called CDT, or Current Dental Terminology, codes) to report services performed for their patients to insurance companies. Insurance companies use the codes reported by dentists to calculate and pay claims.

The Health Insurance Portability and Accountability Act (HIPAA) established standards for the electronic transmission of claims and data effective October 1, 2003, and mandates the use of the updated codes defined by the ADA.

At Ameritas and First Ameritas, we are updating our claims-paying system so we will be ready to process the new codes on January 1, 2005. To assure compliance with ADA guidelines and HIPAA mandates, we will no longer be able to accept the old codes as of January 1.

Insureds will continue to visit their dentists and have claims filed as usual. Dental plans will remain the same, so dental certificates will not be reissued. We are sending all of our policyholders a flyer informing them about the changing codes. We will continue to process claims efficiently and accurately, providing the best customer service to insureds and dentists while ensuring that we comply with ADA and federal regulations.

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Ameritas Group, a division of Ameritas Life, offers group dental and eye care insurance products nationwide. In New York, insurance coverage is provided through First Ameritas Life Insurance Corp. of New York. Some plan designs are not available in all areas.

Ameritas Life is rated Ag (Excellent) for financial strength and operating performance by A.M. Best Company. This is the third-highest of Best's 15 ratings. Ameritas Life is rated AA (Very Strong) for insurer financial strength by Standard & Poor's. This is the third-highest of S&P's 21 ratings.

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