

FUSION 150: The Ultimate Choice[®]

Employees and dependents covered under this plan can reduce their dental benefit maximum by \$150 each calendar year and then apply this amount toward vision expenses. There is no cash deductible, coinsurance, or schedule for these FUSION vision benefits.

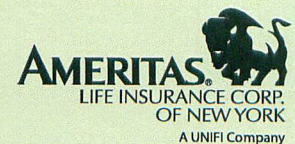


Covered Vision Expenses:

- Annual eye exams
- Lenses: single, bifocal, trifocal, lenticular and progressive
- Frames
- Contact lenses, including fit and follow up
- Discounts are at no extra cost to plan members who use an EyeMed Access network provider

Limitations and Exclusions:

- Services and supplies ordered or performed before coverage became effective, or after coverage ends
- Sub-normal eye care aids, orthoptic or eye care training or any associated testing
- Non-prescription lenses, eye exams and eyewear required as a condition of employment, medical or surgical treatment of the eyes or any services not specified above



This document is a highlight of plan benefits provided by Ameritas Life Insurance Corp. of New York 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.

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