

FUSION 150

The Ultimate Choice®

Employees and dependents covered under this plan can apply a portion of their dental benefit maximum toward vision expenses, up to \$150 each calendar year. There is no 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 contact lens fitting
- Discounts are available 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
- 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 in the member's certificate of coverage

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 a complete list of exclusions and limitations. For exclusions and limitations, or a complete list of covered procedures, contact your benefits administrator.



Ameritas Life Insurance Corp. of New York

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