

Vision Perfect® Benefit Guide

Plan Overview

Vision Perfect is a vision product offered by Ameritas.

Completion of Claim Form

Part 1: The member should complete the requested information. If the information requested in a section does not apply, the member should mark the "NO" box. Failure to complete any section could result in a delay in processing the claim until the requested information is received.

#13: The member needs to sign this section in order to authorize payment directly to the provider. The member may also indicate that the payment is not to go to the provider.

Part 2: This entire section is completed by the provider. Instructions to the provider for completing this section are included on the claim form.

#25: The provider's signature is required to certify the listed services were performed on the dates indicated. Vision claims and pretreatment estimates can be mailed or faxed to:

Ameritas Life Insurance Corp.
Group Claims Department
P.O. Box 82595
Lincoln, NE 68501
Fax: 402-467-7336

Note: The claim form is included and may be duplicated as needed. A copy of the form may also be obtained from our website, ameritas.com. Click one of the **Dental, Vision and Hearing** links in the gray box at the bottom of the page, then click the **Forms** link on the next page. We accept any standard claim form as submitted by the provider. Members may also contact our claims department for faxed copies at 800-487-5553.

How to Use the Benefits

1. A claim form is included with this benefit guide and may be duplicated as needed. A copy of the form may also be obtained from our website, ameritas.com. Click one of the **Dental, Vision and Hearing** links near the bottom of the page, then click the **Forms** link on the next page. Your provider may use his/her own claim form.

2. The provider may or may not require you to pay the bill up front. If full payment is requested at the time of the visit, claim reimbursement can be assigned to the member.

3. For questions relating to specific insurance benefits please contact Ameritas customer service at 800-487-5553.

4. Your insurance plan may also include a discount program, please check availability in your state. The discount program is provided through EyeMed.

5. To take advantage of the discount, you may get a list of EyeMed participating providers by calling 866-559-5252, or you may locate a provider online at ameritas.com. Click one of the **Dental, Vision and Hearing** links in the gray box at the bottom of the page, then click the **Find a Provider** link on the next page.

6. When you use an EyeMed participating provider, you will receive discounts on exams, frames, lenses, contacts and even laser vision correction. The discount program is not insurance. It simply means the price the provider charges for a procedure is offered at a discount. Ameritas still reimburses according to the plan provisions.

The offered discount simply reduces the out of pocket expense owed the provider after the insurance reimbursement has been paid. As always you have the freedom to see the provider of your choice.

7. Claim forms can be mailed or faxed to:

Ameritas Life Insurance Corp.
Group Claims Department
P.O. Box 82595
Lincoln, NE 68501
Fax: 402-467-7336

tips to speed claims processing

Part 1 – Employee

Missing or incomplete information will slow down claims processing. To avoid this, please be sure to include:

#2 – Patient birthdate

Helps identify an insured and determine dependent eligibility.

#6 – Employee's identification number

This is the most important identifier for the plan member.

#8 – Student status

Because this information often changes, it is required on every claim for dependents age 19 years and older.

#11 and #12 – Coordination of benefits

The No box under #11 should be checked if no other vision coverage exists. If there is other vision coverage, the additional information requested is necessary for coordination of benefits.

Part 2 – Vision Provider

To help expedite the claims process, please be sure to include:

#16 – National Provider Identifier

There are two types of NPI. Type 1 is for individual providers who operate independently. Type 2 is for health care providers such as group practices or corporations. Type 2 organization providers may want their individual provider employees to have Type 1 NPIs to distinguish them individually.

#21 and #23 – LASIK/PRK

If LASIK or PRK, please make sure your vision provider marks the Yes box under #21, and includes description of services, procedure code, which eye (left, right or both), and the fee for each eye in the Examination and Treatment Record.

#20 – Statement of actual services, or Pretreatment estimate

Appropriate box should be marked to ensure correct handling.

NOTE: If there are two different providers (one for the exam, another for eyewear), we request that each provider submit a separate claim form.

Pretreatment Estimate of Benefits

We recommend a pretreatment estimate of benefits when a plan member considers the services to be expensive. A pretreatment estimate lets both the member and vision provider know in advance how much insurance will pay. If vision coverage terminates for any reason during treatment, only procedures performed before coverage ended will be eligible for payment.

For full information regarding coverage, plan members may refer to their insurance plan booklet.

Website

Visit our website for benefit information, electronic forms, a list of vision providers if your plan includes a network, and more. Please note, the free software Adobe Reader® (available through the internet) is needed to view and print the electronic forms.

vision Group Claim Form

Ameritas Life Insurance Corp.



Claim Office / P.O. Box 82520, Lincoln, NE 68501-2520 / Toll Free 800-255-4931 / Fax 402-467-7336 / Web ameritas.com

Part 1: To be completed by Employee

For faster payment, submit electronically

1. Patient's full name (first, middle initial, last)		2. Patient birthdate (MM/DD/YY) / /		3. Relationship to employee <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other		4. Sex <input type="checkbox"/> M <input type="checkbox"/> F	
5. Employee's full name (first, middle initial, last)		6. Employee's identification number		Employee's birthdate (MM/DD/YY) / /			
7. Employee's mailing address (street address or P.O. Box, City, State, ZIP)		8. THIS SECTION MUST BE COMPLETED WITH EACH CLAIM SUBMISSION ONLY IF THE CLAIM IS FOR A DEPENDENT CHILD AGE 19 OR OVER Is patient a full-time student? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, name and address of school:					
Email address:		9. Employer (company) name and address		10. Group number		Division number	Certificate number

Questions 11 and 12 must be completed with each claim submission.

11. Is patient covered by another dental plan? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name and address of other carrier		Policy number		Name and address of other employer:	
12. Other employee/subscriber name			Employee/subscriber identification number		Date of birth (MM/DD/YY) / /		Relationship to patient
13. I have reviewed the following treatment plan, and I authorize release of any information relating to this claim. I understand that I am responsible for all cost of treatment. I certify these statements to be true and complete to the best of my knowledge.				Check one box only: 14A. <input type="checkbox"/> Please send payment to me OR 14B. <input type="checkbox"/> Please pay provider below			
X Signature (patient, or parent if minor) _____ Date _____				X Signature (insured person) _____ Date _____			

Part 2: To be completed by Attending Vision Provider.

IMPORTANT: Please attach an itemized receipt including provider's name and address, specific procedures and materials purchased. If this is attached, you will not need to complete Part 2.

15. Dentist name and mailing address			For Yes answers to questions 17-19, enter a brief description and dates.				
			17. Is treatment result of occupational illness or injury? <input type="checkbox"/> Yes <input type="checkbox"/> No				
			18. Is treatment result of auto accident? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Specialty		Phone number		19. Other accident? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Email		Fax number		20. This is a (please check one): <input type="checkbox"/> Statement of actual services <input type="checkbox"/> Pretreatment estimate			
16. Federal Tax ID Number <input type="checkbox"/> SSN <input type="checkbox"/> TIN		NPI (National Provider Identifier)		21. Is this for LASIK/PRK? <input type="checkbox"/> Yes <input type="checkbox"/> No			
License #			22. Date of Service		Exam	Materials	

23. Examination and Treatment Record Please include date of service, description of services, procedure code and fee.

Service	CPT Code	Fee	Lenses	CPT Code	Fee	Options	CPT Code	Fee
LASIK/ left eye	_____	\$ _____	Single	_____	\$ _____	Anti-reflective	_____	\$ _____
PRK right eye	_____	\$ _____	Bifocal	_____	\$ _____	Scratch resist	_____	\$ _____
Exam	_____	\$ _____	Trifocal	_____	\$ _____	Tint	_____	\$ _____
Lens fitting	_____	\$ _____	Progressive	_____	\$ _____	Hi-index	_____	\$ _____
Refraction	_____	\$ _____	Lenticular	_____	\$ _____	Edge polish	_____	\$ _____
Other	_____	\$ _____	Contacts	_____	\$ _____	Other	_____	\$ _____
Frames	_____	\$ _____	Other	_____	\$ _____	Discounts	_____	

24. Remarks								25. Total \$ _____
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26. CERTIFICATION: I hereby certify that the services listed above have been performed on the dates indicated and that the fees submitted are the fees I have charged and intend to collect for those purposes. X Signature (Provider) _____ Date _____		27. Address where treatment was performed
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Fraud Warning Statements

Alabama: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

Alaska: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Arizona: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Arkansas: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

California: For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

Delaware: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

District of Columbia: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida: Any person who knowingly, and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Georgia: Any person who, with intent to defraud or knowing that he is facilitating a fraud against insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

Idaho: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement or claim containing any false, incomplete, or misleading information is guilty of a felony.

Indiana: A person who knowingly, and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Louisiana: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Maine: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Minnesota: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

Nebraska: Any person who, with intent to defraud or knowing that he is facilitating a fraud against insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

New Hampshire: Any person who with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided by RSA 638.20

New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

New Mexico: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon: Any person who, with intent to defraud or knowing that he is facilitating a fraud against insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Rhode Island: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Tennessee: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Texas: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Vermont: Any person who, with intent to defraud or knowing that he is facilitating a fraud against insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

Virginia: Any person who, with intent to defraud or knowing that he is facilitating a fraud against insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

Washington: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

If you live in a state other than mentioned above, the following statement applies to you: Any person who knowingly, and with intent to injure, defraud or deceive any insurer or insurance company, files a statement of claim containing any materially false, incomplete, or misleading information or conceals any fact material thereto, may be guilty of a fraudulent act, may be prosecuted under state law and may be subject to civil and criminal penalties. In addition, any insurer or insurance company may deny benefits if false information materially related to a claim is provided by the claimant.