Vision Perfect’s flat annual maximum provides you with a $150 per calendar-year benefit to spend at any vision provider. Plus you can get additional savings through the EyeMed network. Just pay for your unlimited materials, and Ameritas will reimburse you up to your set annual vision dollar amount (shown above).

What if your Provider is Not in the EyeMed Network?

- That’s ok, you may choose any vision provider for your vision services.
- You can get as many pairs of prescription glasses and contacts as you want, and be reimbursed up to your annual vision dollar amount of $150.
- Pay the provider at the time of services.
- Ask your doctor/optical provider to complete Ameritas Vision Claim Form FA325 (available on our website). Submit the form, along with a copy of an itemized bill from your provider, to Ameritas of New York for reimbursement.

How do I get the EyeMed Network Provider Discount?

- When your vision provider participates in the EyeMed network, you are entitled to additional discounts, also referred to as member costs.
- Make sure that the EyeMed provider looks at both sides of your ID card — the front shows that Vision Perfect is the insurance plan, and the back shows that you are eligible for EyeMed network discounts. Be sure to reference code 9232372.
- As noted above, you can get as many pairs of prescription glasses and contacts as you want, and be reimbursed up to your annual vision dollar amount.
- Pay the provider at the time of services.
- Ask your doctor/optical provider to complete Ameritas of New York Vision Claim Form FA325 (available on our website). Submit the form, along with a copy of an itemized bill from your provider, to Ameritas of New York for reimbursement.

Proof of Loss

Written proof of loss must be given to us within 120 days after the incurred date of the services provided for which benefits are payable. If it is impossible to give written proof within the 120 day period, we will not reduce or deny a claim for this reason if the proof is filed as soon as reasonably possible.