

Oregon Homecare Workers Benefit Fund



Vision Insurance

Vision Perfect – Effective date: 1/1/2018

Deductible:	\$0
Annual Eye Exam	\$100 Maximum Allowance
Every 2 Calendar Years	
Materials Maximum:	\$500
Every 2 Calendar Years	
Materials include:	
Lenses (per pair)	Single vision, Bifocal, Trifocal, Lenticular
Contacts	Elective / Medically Necessary
Frames	

Lasik Benefit: (both eyes)	Year 1- Expense up to \$ 500
	Year 2- Expense up to \$ 500
	Year 3- Expense up to \$1000
Hearing Benefit: Materials Benefit (both ears)	
	Year 1- Expense up to \$ 400
Hearing Exam Benefit \$75	Year 2- Expense up to \$ 750
Maintenance Benefit- \$40	Year 3- Expense up to \$1000

This plan is designed specifically for the participants in Oregon Home Care Workers Benefit Fund. Our Customer Relations associates will be pleased to assist you from 5:00 a.m. to 10:00 p.m. Pacific Time Monday through Thursday, and 5:00 a.m. to 4:30 p.m. Friday. Call toll free 800-255-4931.

This document is a highlight of plan benefits provided by Ameritas Life Insurance Corp as selected by Oregon Home Care Workers Benefit Fund. It is not a certificate of insurance and does not include exclusions and limitations. For a complete list of exclusions and limitations or a complete list of covered procedures, please contact your benefit administrator.
