AMERITAS/VSP VISION PLAN CHOICE NETWORK + AFFILIATES – NEBRASKA COUNTIES - Effective July 1, 2013

PLAN BENEFITS

Comprehensive Exam – Annual $10 Copay $10 Copay

Maximum Benefit Paid After Copay PPO Non-PPO
100% $45

Lenses/Frames $25 Copay $25 Copay

Maximum Benefit Paid After Copay PPO Non-PPO

Lenses per pair – Annual
Basic Single Vision 100% $30
Lined Bifocal 100% $50
Lined Trifocal 100% $65
Lenticular 100% $100
Contacts – Necessary 100% $210**
Contacts – Voluntary up to $130** $105**

If you select lens upgrades such as progressive lenses (rather than lined bifocals or trifocals), tints, scratch guard, etc., you will be charged a discounted fee for each upgrade.

**This is a once per year allowance so be sure to spend the full amount at one time if you are purchasing disposable contact lenses.

Maximum Benefit Paid After Copay PPO Non-PPO
Frames – every 24 months $130 plus 20% discount for $70
charges in excess of $130

If you select a frame which costs more than $130 you will pay 80% of the amount over $130.

Lasik Advantage ........................................... Year 1 Year 2 Year 3
Benefits (both eyes) ........................................ $350 $350 $700

Covered Procedures and Benefits.
- Lasik
- Lasik with Wavefront Technology
- Lasik with Intralase Technology
- Photorefractive Keratectomy PRK
- Advanced Surface Ablation ASA
- LASIK
- The minimum age to receive LASIK Advantage benefits is 18. There is no maximum age.
- If member enroll after the initial enrollment period has ended, they will be considered a late entrant.
- Late entrants need to wait 12 months from the date they enroll to be eligible for coverage, then coverage will begin at the year one benefit.

Plan Costs

<table>
<thead>
<tr>
<th></th>
<th>Monthly Rates</th>
<th>Estimated cost after tax savings*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
<td>$10.44</td>
<td>$ 7.31</td>
</tr>
<tr>
<td>Employee &amp; Spouse</td>
<td>$23.00</td>
<td>$16.10</td>
</tr>
<tr>
<td>Employee &amp; Child(ren)</td>
<td>$20.76</td>
<td>$14.53</td>
</tr>
<tr>
<td>Employee, Spouse &amp; Child(ren)</td>
<td>$29.24</td>
<td>$20.47</td>
</tr>
</tbody>
</table>

*Based on 30% tax savings including Federal, State and FICA taxes.
Note, your tax savings may vary based on your personal tax brackets and whether or not you pay FICA taxes.