

**Eye Exam, Lenses, Frames, Frequencies**

**Effective Date: 7/1/2024**

	<b>Plan 1: Focus®</b>	
	<b>VSP Choice Network + Affiliates</b>	<b>Out of Network</b>
<b>Annual Eye Exam</b>	Covered in full	Up to \$45
<b>Lenses (per pair)</b>		
Single Vision	Covered in full	Up to \$30
Bifocal	Covered in full	Up to \$50
Trifocal	Covered in full	Up to \$65
Lenticular	Covered in full	Up to \$100
Progressive	See lens options	NA
<b>Frame Allowance</b>	<b>\$100**</b>	Up to \$70
<b>Frequencies</b>		
Exam/Lens/Frames	12/12/24 Based on date of service	12/12/24 Based on date of service

\*\*The Costco and Walmart allowance will be the wholesale equivalent.

<b>Deductibles</b>	<b>\$20 Exam</b>	<b>\$20 Exam</b>
	<b>\$20 Eye Glass Lenses or Frames*</b>	<b>\$20 Eye Glass Lenses or Frames</b>

\*Deductible applies to a complete pair of glasses or to frames, whichever is selected.

**Contact Lenses**

<b>Fit &amp; Follow Up Exams</b>	Member cost up to \$60	No benefit
<b>Contacts</b>		
Elective	<b>Up to \$115</b>	Up to \$100
Medically Necessary	Covered in full	Up to \$210

**Monthly Rates**

<b>Employee (EE)</b>	\$10.04
<b>EE + Spouse</b>	\$19.60
<b>EE + Children</b>	\$17.60
<b>EE + Spouse &amp; Children</b>	\$27.16

**Lens Options (member cost)\***

	<b>Plan 1: Focus®</b>	
	<b>VSP Choice Network + Affiliates (Other than Costco)</b>	<b>Out of Network</b>
<b>Progressive Lenses</b>	Up to provider's contracted fee for Lined Bifocal Lenses. The patient is responsible for the difference between the base lens and the Progressive Lens charge.	Up to Lined Bifocal allowance.
<b>Std. Polycarbonate Scratch Resistant Coating</b>	Covered in full for dependent children \$33 adults \$17-\$33	No benefit
<b>Anti-Reflective Coating</b>	\$43-\$85	No benefit
<b>Ultraviolet Coating</b>	\$16	No benefit

\*Lens Option member costs vary by prescription, option chosen and retail locations.

**Eye Care Plan Member Service**

Focus eye care from Ameritas Group features the money-saving eye care network of VSP. Customer service is available to plan members through VSP's well-trained and helpful service representatives. Call or go online to locate the nearest VSP network provider, view plan benefit information and more.

**VSP Call Center: 1-800-877-7195**

- Service representative hours: 5 a.m. to 7 p.m. PST Monday through Friday, 6 a.m. to 2:30 p.m. PST Saturday
- Interactive Voice Response available 24/7

Locate a VSP provider at: [ameritas.com](http://ameritas.com)  
View plan benefit information at: [vsp.com](http://vsp.com)

**Additional Focus® Choice Network Features (In Network)**

<b>Contact Lenses Elective</b>	Allowance can be applied to disposables, but the dollar amount must be used all at once (provider will order 3 or 6 month supply). Applies when contacts are chosen in lieu of glasses. For plans without a separate contact fitting & evaluation (which includes follow up contact lens exams), the cost of the fitting and evaluation is deducted from the allowance.
<b>Lens Options (Member Cost)*</b>	\$15 - Solid Plastic Dye (Except Pink I & II) \$17 - Plastic Gradient Dye \$31-\$82 - Photochromatic Lenses (Glass & Plastic) Lens Option member cost vary by prescription and option chosen.
<b>Additional Glasses</b>	20% off additional complete pairs of prescription glasses and/or prescription sunglasses.*
<b>Frame Discount</b>	VSP offers 20% off any amount above the retail allowance.*
<b>Laser VisionCare<sup>SM</sup></b>	VSP offers an average discount of 15% off or 5% off a promotional offer for LASIK Custom LASIK and PRK. The maximum out-of-pocket per eye for members is \$1,800 for LASIK and \$2,300 for custom LASIK using Wavefront technology, and \$1,500 for PRK. In order to receive the benefit, a VSP provider must coordinate the procedure.
<b>Low Vision</b>	With prior authorization, 75% of approved amount (up to \$1,000 is covered every two years).

Based on applicable laws, reduced costs may vary by doctor location.

**Rx Savings**

Our valued plan members and their covered dependents can save on prescription medications at over 60,000 pharmacies across the nation including CVS, Walgreens, Rite Aid and Walmart. This Rx discount is offered at no additional cost, and it is not insurance.

To receive this Rx discount, Ameritas plan members just need to visit us at [ameritas.com](http://ameritas.com) and sign into (or create) a secure member account where they can access and print an online-only Rx discount savings ID card.

**Hearing Savings**

With your Ameritas plan, you can receive hearing aid discounts through Great Hearing Benefits at their 4,500+ hearing care locations nationwide. Call 877-683-9495 for your free hearing consultation today. This savings arrangement is not insurance. It is available to members at no additional cost to their plan premium.

Highlights include: hearing exam for only \$50 (saves you \$100 off the industry average of \$150), up to 50% off retail pricing on today's top hearing technology, plus a satisfaction guarantee and warranty service. Visit [greatearingbenefits.com/ameritas](http://greatearingbenefits.com/ameritas) to learn more.

**This document is a highlight of plan benefits provided by Ameritas Life Insurance Corp. as selected by your employer. It is not a certificate of insurance and does not include exclusions and limitations. For exclusions and limitations, or a complete list of covered procedures, contact your benefits administrator.**