

	VSP CHOICE NETWORK	OUT OF NETWORK
DEDUCTIBLES	\$10 Exam/\$25 Eye Glass Lenses or Frames	\$10 Exam/ \$25 Eye Glass Lenses or Frames*
ANNUAL EYE EXAM	Covered in Full	Up to \$45
LENSES (PER PAIR)		
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	Up to the Bifocal Allowance	Up to \$50
CONTACT LENSES		
Fit & Follow up Exams	15% Discount Applied to Contact Lens Allowance. See Additional Focus Features.	Applied to Contact Lens Allowance
Elective	Up to \$130	Up to \$105
Medically Necessary	Covered in Full	Up to \$210
FRAMES	\$130	Up to \$70
FREQUENCIES (IN MONTHS FOR EXAM/LENS/FRAMES)	12/12/24 Based on date of service	12/12/24 Based on date of service
CONTACT LENS OPTIONS (MEMBER COST)**		
Progressive Lenses	\$55-\$75	No benefit
Std. Polycarbonate	Covered in Full for Dependent Children, \$33 Adults	No Benefit
Solid Plastic Dye	\$15 (Except Pink I & II)	No Benefit
Plastic Gradient Dye	\$17	No Benefit
Photochromatic Lenses (Glass & Plastic)	\$31	No Benefit
Scratch Resistant Coating	\$17-\$33	No Benefit
Anti-Reflective Coating	\$43-\$85	No Benefit
Ultraviolet Coating	\$16	No Benefit
LASIK or PRK	Average Discount 15% off Retail. See Additional Focus Features.	No Benefit
RATES		
Member Only		\$7.72
Member + 1 Dependent		\$13.76
Member + 2 or more Dependents		\$18.60

*Deductible applies to a complete pair of glasses or to frames, whichever is selected.
 **Lens Option member costs vary by prescription and option chosen

ADDITIONAL FOCUS® CHOICE NETWORK FEATURES

Contact Lenses Elective	Cost of the fitting and evaluation is deducted from the allowance and any amount left is deducted from the material allowance. 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 chosen in lieu of glasses. Current soft contact lens wearers may be eligible for a special program that includes an initial contact lens evaluation and initial supply of lenses. Contact VSP or your VSP provider for additional details.
Additional Glasses	20% discount off the retail price on additional pairs of prescription glasses (complete pair).
Frame Discount	VSP offers a 20% discount off the remaining balance in excess of the frame allowance.
Laser VisionCare	VSP offers an average discount of 15% on 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.
Low Vision	With prior authorization, 75% of approved amount (up to \$1,000 is covered every two years).

RX SAVINGS

Our valued plan members and their covered dependents (even their pets) can save on prescription medications through any Walmart or Sam's Club pharmacy across the nation. This Rx discount is offered at no additional cost, and it is not insurance. To receive the Walmart Rx discount, Ameritas plan members just need to show their original Ameritas ID card. The identifier is the Ameritas logo. It's that easy. Or members can visit us at ameritasgroup.com and sign into (or create) a secure member account where they can print off an online-only Rx discount savings ID card.