Policy #: 010-35426



Vision Plan Benefits

	VSP Signature Network	Out-of-Network
Annual Eye Exam	Covered in full	Up to \$45
Single Vision Lenses	Covered in full	Up to \$35
Bifocal Lenses	Covered in full	Up to \$50
Trifocal Lenses	Covered in full	Up to \$70
_enticular Lenses	Covered in full	Up to \$90
Progressive Lenses	See lens options	NA
Frames	\$120	\$50
Contacts (elective)	Up to \$105	Up to \$105
Contacts (medically necessary)	Covered in full	Up to \$ 210
Deductible		
Annual Eye Exam	\$15	\$15
Eyeglass Lenses or Frames	\$15	\$15
Benefit Frequencies (months) Exam/Lens/Frame	Based	on Date of Service 12/12/24
Exam/Lens/Frame		12/12/24
Exam/Lens/Frame Member cost for lens options (May	vary by prescription, options chosen and retail	12/12/24 location)
Exam/Lens/Frame		12/12/24 location)
Exam/Lens/Frame <i>Member cost for lens options (May</i> Progressive Lenses	vary by prescription, options chosen and retail Up to provider's contracted fee for lined Trifocal Lenses. The patient is responsible for the difference between the base lens and the progressive lens	12/12/24
Exam/Lens/Frame Member cost for lens options (May Progressive Lenses	vary by prescription, options chosen and retail Up to provider's contracted fee for lined Trifocal Lenses. The patient is responsible for the difference between the base lens and the progressive lens charge. Covered in full for dependent children \$25 adults \$13	12/12/24 location) Up to Lined Trifocal allowance
Exam/Lens/Frame Member cost for lens options (May Progressive Lenses Std. Polycarbonate Solid Plastic Dye	vary by prescription, options chosen and retail Up to provider's contracted fee for lined Trifocal Lenses. The patient is responsible for the difference between the base lens and the progressive lens charge. Covered in full for dependent children \$25 adults \$13 (except Pink I & II)	12/12/24 location) Up to Lined Trifocal allowance No benefit
Exam/Lens/Frame Member cost for lens options (May Progressive Lenses Std. Polycarbonate Solid Plastic Dye Plastic Gradient Dye	vary by prescription, options chosen and retail Up to provider's contracted fee for lined Trifocal Lenses. The patient is responsible for the difference between the base lens and the progressive lens charge. Covered in full for dependent children \$25 adults \$13 (except Pink I & II) \$15	12/12/24 location) Up to Lined Trifocal allowance No benefit No benefit
Exam/Lens/Frame Member cost for lens options (May	vary by prescription, options chosen and retail Up to provider's contracted fee for lined Trifocal Lenses. The patient is responsible for the difference between the base lens and the progressive lens charge. Covered in full for dependent children \$25 adults \$13 (except Pink I & II)	12/12/24 <i>location)</i> Up to Lined Trifocal allowance No benefit No benefit No benefit

Monthly Rates

Employee only	\$9.70
Employee & Dependents	\$23.76

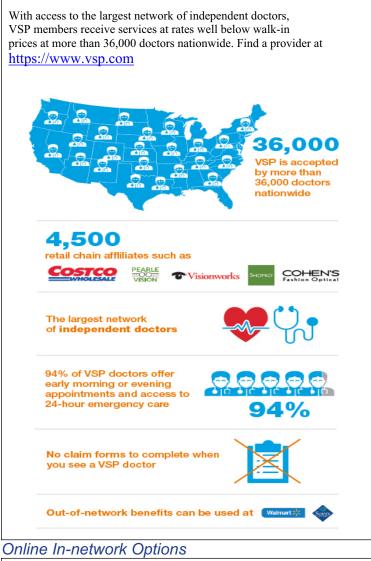
Rates are effective from 9/1/2023 to 9/1/2025.

NORTHAMPTON COUNTY PUBLIC SCHOOLS

Policy #: 010-35426



VSP Network



Eyeconic.com is in-network online eyewear store - which means you won't have to pay the full price now, then wait to be reimbursed later. Your vision benefits will be applied directly to your online order. Eyeconic FAQ:

https://www.vsp.com/eyewear-question.html

Customer Service

VSP 800-877-7195 www.vsp.com Mon-Fri 5am-8am, Sat 7am-8pm, Sun 7am-7pm (PST)

Additional Savings

 Find More VSP exclusive member savings offers at https://www.vsp.com/optical-discounts.html

 When you visit a VSP network provider you'll save:
 20% off remaining frame balance

 20% off remaining frame balance
 20.25% off non-covered lens options such as UV coating & polycarbonate

 20% off non-covered complete prescription glasses
 20% off non-covered complete prescription glasses

 15% off LASIK and PRK laser surgery retail price or
 5% off promotion price

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

Laser Vision Surgery

Your vision plan provides an average discount of 15% on LASIK and PRK. Your maximum out-of-pocket per eye is \$1,800 for LASIK, \$2,300 for custom LASIK using Wavefront technology, and \$1,500 for PRK. In order to receive the benefit, a VSP Provide must coordinate the procedure. Getting started is simple; just follow the steps at https://www.vsp.com/lasik.html

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

Rx Savings

Save on Prescription medications at 60,000 Pharmacies across the nation including CVS, Walgreens, Rite Aid and Walmart. Just Present your Rx savings card. To access and print your Rx savings cards, visit ameritas.com, register/sign in to your secure member account and select member savings. This discount is offered at no additional cost and is not insurance.

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