

010-42264 Focus® High Plan Summary

Effective Date: 9/1/2023

	VSP Choice Network + Affiliates	Out of Network
<b>Deductibles</b>		
	\$0 Exam	\$0 Exam
	\$0 Eye Glass Lenses or Frames*	\$0 Eye Glass Lenses or Frames
	Covered in full	Up to \$43
<b>Annual Eye Exam</b>		
<b>Lenses (per pair)</b>		
Single Vision	Covered in full	Up to \$26
Bifocal	Covered in full	Up to \$43
Trifocal	Covered in full	Up to \$60
Lenticular	Covered in full	Up to \$91
Progressive	See lens options	NA
<b>Contacts</b>		
Fit & Follow Up Exams	Member cost up to \$60	No benefit
Elective	Up to \$180	Up to \$100
Medically Necessary	Covered in full	Up to \$210
Frame Allowance	\$180**	Up to \$40
<b>Frequencies (months)</b>		
Exam/Lens/Frame	12/12/12	12/12/12
	Based on date of service	Based on date of service

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

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

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

	VSP Choice Network + Affiliates (Other than Costco)	Out of Network
<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</b>	Covered in full for dependent children	No benefit
	\$33 adults	
<b>Solid Plastic Dye</b>	\$15	No benefit
	(except Pink I & II)	
<b>Plastic Gradient Dye</b>	\$17	No benefit
<b>Photochromatic Lenses</b> (Glass & Plastic)	\$31-\$82	No benefit
<b>Scratch Resistant Coating</b>	\$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.

**Monthly Rates**

Employee Only (EE)	\$18.72
EE + 1 Dependent	\$36.64
EE + 2 or more Dependents	\$50.16

**High Plan - Hearing Care Summary**

**Effective Date: 9/1/2023**

<b>Plan Benefit</b>	
Annual Hearing Exam	100%
Hearing Aid	50%
Hearing Aid Maintenance	100%
<b>Deductible</b>	
Annual Hearing Exam	\$0
Hearing Aid	\$0
Hearing Aid Maintenance	\$0
<b>Maximum (per benefit period)</b>	
Annual Hearing Exam	Up to \$75
Hearing Aids (per ear)	
Year One	Up to \$400
Year Two	Up to \$600
Year Three	Up to \$800
Hearing Aid Maintenance	Up to \$40

**Additional Focus® Choice Network Features**

<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>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</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.*

**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. Locate a VSP provider at: [ameritas.com](http://ameritas.com) or View plan benefit information at: [vsp.com](http://vsp.com)  
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) or via Interactive Voice Response available 24/7

**Worldwide Support**

Through AXA Assistance, Ameritas offers its dental and vision plan members 24-hour access to dental or vision provider referrals when traveling outside the U.S. Immediately after a call is made to AXA, an assistance coordinator assesses the situation, provides credible provider referrals and can even assist with making the appointment. The plan member may submit a claim to Ameritas for reimbursement consideration based on applicable plan benefits. Contact AXA Assistance USA toll free by calling 866-662-2731, or call collect from anywhere in the world by dialing 1-312-935-3727.

**Language Services**

We recognize the importance of communicating with our growing number of multilingual customers. That is why we offer a language assistance program that gives you access to: Spanish-speaking claims contact center representatives, telephone interpretation services in a wide range of languages, online dental network provider search in Spanish and a variety of Spanish documents such as enrollment forms, claim forms and certificates of insurance.

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.