

# Columbia Brazoria ISD

## Eye Care Highlight Sheet

### Plan 1: Focus® Plan Summary

Effective Date: 9/1/2023

|                                  | VSP Choice Network + Affiliates  | Out of Network                  |
|----------------------------------|----------------------------------|---------------------------------|
| <b>Deductibles</b>               |                                  |                                 |
|                                  | \$10 Exam                        | \$10 Exam                       |
|                                  | \$25 Eye Glass Lenses or Frames* | \$25 Eye Glass Lenses or Frames |
| <b>Annual Eye Exam</b>           | Covered in full                  | Up to \$45                      |
| <b>Lenses (per pair)</b>         |                                  |                                 |
| <b>Single Vision</b>             | Covered in full                  | Up to \$30                      |
| <b>Bifocal</b>                   | Covered in full                  | Up to \$50                      |
| <b>Trifocal</b>                  | Covered in full                  | Up to \$65                      |
| <b>Lenticular</b>                | Covered in full                  | Up to \$100                     |
| <b>Progressive</b>               | See lens options                 | NA                              |
| <b>Contacts</b>                  |                                  |                                 |
| <b>Fit &amp; Follow Up Exams</b> | Member cost up to \$60           | No benefit                      |
| <b>Elective</b>                  | Up to \$130                      | Up to \$105                     |
| <b>Medically Necessary</b>       | Covered in full                  | Up to \$210                     |
| <b>Frames</b>                    | \$130**                          | Up to \$70                      |
| <b>Frequencies (months)</b>      |                                  |                                 |
| <b>Exam/Lens/Frame</b>           | 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<br>(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<br/>(Glass &amp; Plastic)</b> | \$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.

### LASIK Advantage®

LASIK Advantage provides coverage for LASIK and related procedures, including standard LASIK, Custom LASIK, LASIK with Wavefront Technology, CustomVue LASIK, LASIK with IntraLase technology and Photorefractive Keratectomy (PRK). Members earn a lifetime benefit per eye over time. The benefit amount increases over time, with the highest coverage provided at year three or four. Members earn benefits for each eye and may not combine benefits earned for each eye to pay for a covered procedure for a single eye. If a member enrolls after the initial enrollment period, they must wait 12 months from enrollment to be eligible for coverage; after 12 months the member will begin coverage at the year-one benefit. The LASIK Advantage benefit is available to members age 18 and older. Adult and child coverage is allowed - adult only and child only coverage are not. There is no network tied to this coverage.

| Lifetime Benefit Earned (both eyes) | Year One | Year Two | Year Three |
|-------------------------------------|----------|----------|------------|
|                                     | \$350    | \$350    | \$700      |

### Monthly Rates

|                           |         |
|---------------------------|---------|
| Employee Only (EE)        | \$10.36 |
| EE + 1 Dependent          | \$19.10 |
| EE + 2 or more Dependents | \$28.12 |

### Section 125

This plan is provided as part of the Policyholder's Section 125 Plan. Each employee has the option under the Section 125 Plan of participating or not participating in this plan. If an employee does not elect to participate when initially eligible, he/she may elect to participate at the Policyholder's next Annual Election Period.

# Columbia Brazoria ISD

## Eye Care Highlight Sheet

### 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.*

### 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.

### Retail Chain Affiliate Providers Available With Focus Plans

Effective January 1, 2012, retail chain affiliate providers, which include Costco® Optical and Visionworks, give members added convenience and additional retail choices. Costco Optical has 400 locations across the country, while Visionworks manages nearly 400 optical stores in 37 states and DC, including well-known stores such as EyeMasters, Visionworks, Dr. Bizer's VisionWorld, Eye DRx, and Hour Eyes, to name a few. Members enjoy a covered-in-full benefit experience with equivalent frame benefit at any of these retail chain 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)

### Worldwide Support

When our members travel abroad, they'll have peace of mind knowing that should a dental or vision need arise, help is just a phone call away. 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. Within 48 hours following the appointment, the coordinator calls the member to find out if additional assistance is needed. If all is well, the case is closed. Then, 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.