Eye Care Highlight Sheet



High Plan: Focus® Plan Summary

POLICY #57478

	VSP Choice Network + Affiliates	Out of Network
Deductibles		
	\$5 Exam	\$5 Exam
	\$0 Eye Glass Lenses or Frames*	\$0 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	See lens options	NA
Contacts		
Fit & Follow Up Exams	Member cost up to \$60	No benefit
Elective	Up to \$200	Up to \$145
Medically Necessary	Covered in full	Up to \$210
Frame Allowance	\$200** Up to \$70	
Frequencies (months)		
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 and Walmart allowance will be the wholesale equivalent.

Lens Options (member cost)*

	VSP Choice Network + Affiliates	Out of Network
	(Other than Costco)	
Progressive Lenses	Progressive lenses covered in full	Up to Lined Bifocal allowance.
Std. Polycarbonate	Covered in full	No benefit
Solid Plastic Dye	Covered in full	No benefit
Plastic Gradient Dye	Covered in full	No benefit
Photochromatic Lenses (Glass & Plastic)	Covered in full	No benefit
Scratch Resistant Coating	\$17-\$33	No benefit
Anti-Reflective Coating	Covered in full	No benefit
Ultraviolet Coating	\$16	No benefit

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

Advantage[®] Benefit

Benefits	Year 1	Year 2	Year 3
Benefit per Eye	\$175	\$175	\$350

SoundCare Benefit

Coinsurance	
Annual Hearing Exam	100%
Hearing Aid	50%
Hearing Aid Maintenance	100%
Deductible	None
Maximum (per benefit period)	
Annual Hearing Exam	Up to \$75
Hearing Aids (both ears)	
Year One	Up to \$200
Year Two	Up to \$600
Year Three	Up to \$800
Hearing Aid Maintenance	Up to \$40

Monthly Rates

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Employee Only (EE)	\$16.88
EE + Spouse	\$32.82
EE + Children	\$33.82
EE + Spouse & Children	\$43.68

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Additional Focus® Choice Network Features

Contact Lenses Elective	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.	
Additional Glasses	20% off additional complete pairs of prescription glasses and/or prescription sunglasses.*	
Frame Discount	VSP offers 20% off any amount above the retail allowance.*	
Laser VisionCare	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.	
Low Vision	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 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. Locate a VSP provider at: ameritas.com or View plan benefit information at: 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
- Interactive Voice Response available 24/7

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.