



Lincoln Lancaster Human Services Federation

Focus® Vision Plan Summary

Effective Date: 7/1/2017

| | VSP Network | Out of Network |
|----------------------------------|----------------------------------|---------------------------------|
| Deductibles | | |
| | \$10 Exam | \$10 Exam |
| Annual Eye Exam | \$25 Eye Glass Lenses or Frames* | \$25 Eye Glass Lenses or Frames |
| Lenses (per pair) | Covered in full | Up to \$52 |
| Single Vision | Covered in full | Up to \$55 |
| Bifocal | Covered in full | Up to \$75 |
| Trifocal | Covered in full | Up to \$95 |
| Lenticular | Covered in full | Up to \$125 |
| Progressive | See lens options | NA |
| Contacts | | |
| Fit & Follow Up Exams | 15% discount | No benefit |
| | See Additional Focus Features. | |
| Elective | Up to \$120 | Up to \$105 |
| Medically Necessary | Covered in full | Up to \$210 |
| Frames | \$120 | Up to \$45 |
| Frequencies (months) | | |
| Exam/Lens/Frame | 12/12/24 | 12/12/24 |
| | Based on date of service | Based on date of service |

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

Lens Options (member cost)*

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|----------------------------------|---|---------------------------------|
| Progressive Lenses | 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. | Up to Lined Trifocal allowance. |
| Std. Polycarbonate | Covered in full for dependent children | No benefit |
| | \$25 adults | |
| Solid Plastic Dye | \$13 | No benefit |
| | (except Pink I & II) | |
| Plastic Gradient Dye | \$15 | No benefit |
| Photochromatic Lenses | \$27-\$76 | No benefit |
| (Glass & Plastic) | | |
| Scratch Resistant Coating | \$15-\$29 | No benefit |
| Anti-Reflective Coating | \$39-\$75 | No benefit |
| Ultraviolet Coating | \$14 | No benefit |

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

Monthly Rates

| | |
|-----------------------------------|---------|
| Employee Only (EE) | \$9.87 |
| EE + Spouse | \$21.29 |
| EE + Children | \$17.22 |
| EE + Spouse & Children | \$28.64 |



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Additional Focus® 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 lens fit & follow up exam allowance, the cost of the fitting and evaluation is deducted from the contact allowance. |
| 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 visit us at ameritasgroup.com and sign into (or create) a secure member account where they can access and print an online-only Rx discount savings ID card.

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: ameritasgroup.com/member

View plan benefit information at: vsp.com