

**Focus® Plan Summary**

**Policy 010-40342**

|                                  | VSP Choice Network + Affiliates                | Out of Network                              |
|----------------------------------|--|---|
| <b>Deductibles</b>               | \$10 Exam<br>\$0 Eye Glass Lenses or Frames*   | \$10 Exam<br>\$0 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> | 15% discount<br>See Additional Focus Features. | No benefit                                  |
| <b>Elective</b>                  | Up to \$105                                    | Up to \$105                                 |
| <b>Medically Necessary</b>       | Covered in full                                | Up to \$210                                 |
| <b>Frames</b>                    | \$105**  | Up to \$70                                  |
| <b>Frequencies (months)</b>      |  |   |
| <b>Exam/Lens/Frame</b>           | 12/12/24<br>Based on date of service           | 12/12/24<br>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<br>\$33 adults  | No benefit                     |
| <b>Solid Plastic Dye</b>                               | \$15<br>(except Pink I & II)   | No benefit                     |
| <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 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](http://ameritasgroup.com/member)

View plan benefit information at: [vsp.com](http://vsp.com)

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

### Additional Focus® Choice Network Features

|                                |   |
|--------------------------------|---|
| <b>Contact Lenses Elective</b> | Allowance includes fitting, exam and lenses. The cost of the fitting and evaluation is deducted from the contact allowance. 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. |
| <b>Additional Glasses</b>      | 20% discount off the retail price on additional pairs of prescription glasses (complete pair).  |
| <b>Frame Discount</b>          | VSP offers a 20% discount off the remaining balance in excess of the frame allowance.   |
| <b>Laser VisionCare</b>        | 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.                             |
| <b>Low Vision</b>              | 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](http://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.

### 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.

### Dual Choice Eye Care Plans

Dual Choice Plans let you offer your employees a choice between two plans in one policy. Your employees select the plan that best suits their coverage and financial needs.

- On the January 1, 2014, effective date, all eligible employees must choose between the two plans shown or choose to waive coverage. The employee must remain in the plan he or she chose until the next renewal date. At each annual election period, employees may switch between plans without penalty.

### 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.

### Child Dependent Coverage to age 26

Dependent children are covered to the age of 26. The employee must notify Ameritas when his dependent should no longer be on the plan. Please see your plan booklet or call (800) 659-2223 for more information on the eligibility of your dependent child(ren).

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.