

# Garrison ISD

Eye Care Highlight Sheet



## HIGH PLAN Focus® Plan Summary

Effective Date: 9/1/2009

	VSP Network	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 \$52
<b>Lenses (per pair)</b>		
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
<b>Contacts</b>		
Fit & Follow Up Exams	15% discount See Additional Focus Features.	No benefit
Elective	Up to \$120	Up to \$105
Medically Necessary	Covered in full	Up to \$210
<b>Frames</b>	\$120	Up to \$45
<b>Frequencies (months)</b>		
Exam/Lens/Frame	12/12/12 Based on date of service	12/12/12 Based on date of service

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

## Lens Options (member cost)\*

	VSP Network	Out of Network
Progressive Lenses	\$60-\$119	No benefit
Std. Polycarbonate	Covered in full for dependent children \$25 - \$35 adults	No benefit
High Luster Edge Polish	\$14	No benefit
Solid Plastic Dye	\$13 (except Pink I & II)	No benefit
Plastic Gradient Dye	\$15	No benefit
Photochromatic Lenses (Glass & Plastic)	\$27-\$76	No benefit
Scratch Resistant Coating	\$15-\$29	No benefit
Anti-Reflective Coating	\$39-\$61	No benefit
Ultraviolet Coating	\$15	No benefit
Lasik or PRK	Average discount of 15% off retail. See Additional Focus Features.	No benefit

\*Lens Option member costs vary by prescription and option chosen.

## Monthly Rates

Employee Only (EE)	\$13.84
EE + 1 Dependent	\$20.08
EE + 2 or more Dependents	\$32.40

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## Additional Focus® Features

<b>Contact Lenses Elective</b>	Cost of the fitting and evaluation is deducted from the allowance and any amount left is deducted from the material 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 chosen in lieu of glasses.
<b>Additional Glasses</b>	20% discount off the retail price on additional pairs of prescription glasses (complete pair).
<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).

## 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)

## 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.

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.

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Eye Care Highlight Sheet



## LOW PLAN Focus® Plan Summary

Effective Date: 9/1/2009

	VSP Network	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 \$52
<b>Lenses (per pair)</b>		
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
<b>Contacts</b>		
Fit & Follow Up Exams	15% discount See Additional Focus Features.	No benefit
Elective	Up to \$120	Up to \$105
Medically Necessary	Covered in full	Up to \$210
<b>Frames</b>	\$120	Up to \$45
<b>Frequencies (months)</b>		
Exam/Lens/Frame	12/12/24 Based on date of service	12/12/24 Based on date of service

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

## Lens Options (member cost)\*

	VSP Network	Out of Network
<b>Progressive Lenses</b>	\$60-\$119	No benefit
<b>Std. Polycarbonate</b>	Covered in full for dependent children	No benefit
	\$25 - \$35 adults	
<b>High Luster Edge Polish</b>	\$14	No benefit
<b>Solid Plastic Dye</b>	\$13 (except Pink I & II)	No benefit
<b>Plastic Gradient Dye</b>	\$15	No benefit
<b>Photochromatic Lenses</b> (Glass & Plastic)	\$27-\$76	No benefit
<b>Scratch Resistant Coating</b>	\$15-\$29	No benefit
<b>Anti-Reflective Coating</b>	\$39-\$61	No benefit
<b>Ultraviolet Coating</b>	\$15	No benefit
<b>Lasik or PRK</b>	Average discount of 15% off retail. See Additional Focus Features.	No benefit

\*Lens Option member costs vary by prescription and option chosen.

## Monthly Rates

Employee Only (EE)	\$11.04
EE + 1 Dependent	\$16.04
EE + 2 or more Dependents	\$28.72

## Additional Focus® Features

<b>Contact Lenses Elective</b>	Cost of the fitting and evaluation is deducted from the allowance and any amount left is deducted from the material 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 chosen in lieu of glasses.
<b>Additional Glasses</b>	20% discount off the retail price on additional pairs of prescription glasses (complete pair).
<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).

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