

CHARLESTON SOUTHERN

Focus Vision Plan Highlights

Eye Exam, Lenses, Frames, Frequencies

	Proposed VSP Plan	
Network	VSP Choice Network	Out of Network
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	Up to the bifocal allowance	Up to \$50
Frames	Up to \$80	Up to \$70
Frequencies		
Exam/Lens/Frames	12/12/24 Based on date of service	

Deductibles

Deductible	
Exam	\$10 Exam
Materials	\$25 Eye Glass Lenses or Frames

Contact Lenses

Fit & Follow Up Exams	Applied to contact lens allowance	Applied to contact lens allowance
	15% discount	
Contacts		
Elective	Up to \$90	Up to \$80
Medically Necessary	Covered in full	Up to \$210

Monthly Rates

Employee Only (EE)	\$6.96
EE + 1 Dependent	\$13.92
EE + 2 or more Dependents	\$19.96
Proposed Effective Date:	1/1/2012
Rates Guaranteed To:	6/1/2014
VIS293	

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Lens Options (member cost)*

	VSP Choice Network	Out of Network
Progressive Lenses	\$55-\$175	No benefit
Std. Polycarbonate	Covered in full for dependent children \$33 adults	No benefit
Solid Plastic Dye	\$15 (except Pink I & II)	No benefit
Plastic Gradient Dye	\$17	No benefit
Photochromatic Lenses (Glass & Plastic)	\$31	No benefit
Scratch Resistant Coating	\$17-\$33	No benefit
Anti-Reflective Coating	\$43-\$85	No benefit
Ultraviolet Coating	\$16	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.

Additional Focus® Choice Network Features

Contact Lenses Elective	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. Current soft contact lens wearers may be eligible for a special program that includes an initial contact lens evaluation and initial supply of lenses. Contact VSP or your VSP provider for additional details.
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).

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

This document is a highlight of plan benefits provided by Ameritas Life Insurance Corp. It is not a certificate of insurance and does not include exclusions and limitations. Current exclusions and limitations can be referenced in the certificate.