

VSP – Choose from two plans.

VSP CHOICE PLAN A

- Eye Exams** focus on your eye health and overall wellness
- \$15 deductible every 12 months
- Contact Lens Exam & Fitting**
Standard contact lens exam and fitting
- \$60 deductible every 12 months
- Frames**
- \$25 deductible (combined for frames & lenses)
 - Up to \$150 frame allowance every 12 months
- Contacts** (in lieu of lenses and frames)
- Up to \$150 allowance every 12 months
- Single/Bifocal/Trifocal or Lenticular Lenses**
- \$25 deductible (combined for frames & lenses) every 12 months

VSP CHOICE PLAN B

- Eye Exams** focus on your eye health and overall wellness
- \$15 deductible every 12 months
- Contact Lens Exam & Fitting**
Standard contact lens exam and fitting
- \$60 deductible every 24 months
- Frames**
- \$25 deductible (combined for frames & lenses)
 - Up to \$150 frame allowance every 24 months
- Contacts** (in lieu of lenses and frames)
- Up to \$150 allowance every 24 months
- Single/Bifocal/Trifocal or Lenticular Lenses**
- \$25 deductible (combined for frames & lenses) every 24 months

VSP DIRECT VISION RATES

	VSP Choice Plan A	VSP Choice Plan B
Individual	\$15.97	\$12.22
Individual +1	\$29.38	\$22.48
Family	\$43.91	\$33.60

VSP DIRECT VISION RATES - FL, MN, MS

	VSP Choice Plan A	VSP Choice Plan B
Individual	\$12.78	\$9.78
Individual +1	\$23.50	\$17.98
Family	\$35.13	\$26.88

Frames, glasses and sunglasses.

- Receive 20% savings on frames over the frame allowance.
- Select a featured frame brand and receive an extra \$20 on the frame allowance.
- Savings of 20% on additional glasses and sunglasses.

Lens enhancements.

- Member Cost for Lens Enhancements applies to single and multifocal vision lens enhancements with the exception of glass tints (\$44) and polycarbonate (\$35) which have higher multifocal member cost.

Additional benefits at no additional cost.*

Laser VisionCare ProgramSM

- Contracted laser centers provide discounts averaging 15% off laser surgery, including photorefractive keratectomy (PRK), laser-assisted in-situ keratomileusis (LASIK) and Custom LASIK.
- If the laser center is offering a price reduction, you'll receive an additional 5% off the promotional price.

Low Vision

- Low vision is vision loss sufficient enough to prevent reading and performing daily activities. With pre-approval from VSP, low vision supplemental testing and low vision aids up to \$1,000 are covered every 2 years.

Out-of-network benefits.

Direct Vision also offers out-of-network benefits. Members will realize the biggest benefit savings when they utilize an in-network provider, but our plans reflect the understanding that it is not always possible. When an out-of-network provider is utilized, the member pays the provider the appropriate fees and then requests reimbursement from the plan. The plan will reimburse up to the amounts indicated in the schedule to the right.

*These additional discounts and value-added features are not a part of the insurance plan and there is no affiliation or ownership between Ameritas and these programs. Based on applicable laws, reduced costs may vary by doctor location.

**Member cost for Progressive Lenses varies. The VSP Provider will be able to provide the amount of the patient responsibility.

The VSP Direct Vision Insurance plans are available in all states except: MA, MD, MT, NY, RI and WA. Plan A is not available in OH. VSP Plan B is not available in NM.

Underwritten by Ameritas Life Insurance Corp. | 5900 O Street Lincoln, NE 68510

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ADDITIONAL STANDARD LENS ENHANCEMENTS (Member Cost)	SINGLE VISION	MULTIFOCAL VISION
UV Protection Coating	\$16	\$16
Glass Tints Solid and Dyes (Except Pink I & II)	\$34	\$44
Solid Plastic Dye (Except Pink I & II)	\$15	\$15
Plastic Gradient Dye	\$17	\$17
Factory Applied Standard Scratch-Resistance Coating	\$17	\$17
Polycarbonate Lens	\$31	\$35
Anti-Reflective Coating	\$41	\$41
Photochromic Lens - Plastic	\$70	\$82
Standard Progressive	N/A	**Varies
Other Add-Ons and Services	Available at Discount	Available at Discount

MAXIMUM ALLOWANCE OUT-OF-NETWORK

Exams	\$45
Frames	\$70
Single Vision Lens	\$30
Bifocal Lens	\$50
Progressive Lens	\$50
Trifocal Lens	\$65
Lenticular Lens	\$100
Elective Contact Lenses	\$105
Medically Necessary Contact Lenses	\$210



VISION LIMITATIONS AND EXCLUSIONS

What is not covered?

Covered expenses will not include and no benefits will be payable for:

- Vision examinations, lenses and frames more than the frequency as indicated on the plan summary page.
- Orthoptics or vision training and any associated supplemental testing.
- Plano lenses (lenses with refractive correction of less than plus or minus .50 diopter) except as specifically allowed in the frames benefit section of the Plan Benefits.
- Two pairs of glasses in lieu of bifocals.
- Replacement of spectacle lenses, frames, and/or contact lenses furnished under this plan that are lost or damaged, except at the normal intervals when services are otherwise available.
- Medical or surgical treatment of the eyes.
- A service which is not listed under the Schedule of Eye Care Services found in the certificate. Members pay costs exceeding plan benefits.

WHEN WILL MY COVERAGE BEGIN

When you enroll online your coverage can start as soon as the next day. Choose the date that works best for you and your family. You will receive an email confirmation immediately after enrollment to verify this information. Your policy will arrive within 10 business days of enrollment.

IMPORTANT NOTICE: Your enrollment will take 2-3 business days before it becomes accessible in the EyeMed or VSP provider systems. If you have an appointment within several days of your effective date and your provider indicates you are not yet in their system, please call customer service for assistance. Representatives are available Monday-Friday at 214.718.8806.

Plan includes a one-time non-refundable enrollment fee of \$25. This charge will be made at the time of purchase and may appear as a separate transaction from your vision insurance.