

NBA BENEFIT PLANS

Vision Highlight Sheet – VSP Option 1, High

Effective date: January 1, 2023

Focus® Plan Summary

	VSP Choice Network + Affiliates	Out-of-Network
Deductibles	\$10 exam \$25 eye glass lenses or frames*	\$10 exam \$25 eye glass lenses or frames
Annual Eye Exam	Covered in full	Up to \$45
Retinal Imaging	\$39	NA
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	See lens options	NA
Contacts		
• Fit & Follow-Up Exams	Member cost up to \$60	No benefit
• Elective	Up to \$120	Up to \$105
• Medically Necessary	Covered in full	Up to \$210
Frame Allowance	\$120**	Up to \$70
Frequencies (months)	12/12/24	12/12/24
• Exam/Lenses/Frame	Based on date of service	Based on date of service

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

**The Costco and Walmart allowance will be the wholesale equivalent.

Lens Options (member cost)*

	VSP Choice Network + Affiliates (other than Costco)	Out-of-Network
Progressive Lenses	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
Std. Polycarbonate	Covered in full	No benefit
Scratch-Resistant Coating	\$17 - \$33	No benefit
Anti-Reflective Coating	\$43 - \$85	No benefit
Ultraviolet Coating	Covered in full	No benefit

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

Additional Focus® Choice Network 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 fitting and evaluation (which includes follow-up contact lens exams), the cost of the fitting and evaluation is deducted from the allowance.
Additional Glasses	20% off additional complete pairs of prescription glasses and/or prescription sunglasses*
Frame Discount	VSP offers 20% off any amount above the retail allowance.*
Laser VisionCare	VSP offers an average discount of 15% off or 5% off a promotional offer for LASIK Custom, 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)

Based on applicable laws, reduced costs may vary by doctor location.

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 D.C., 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.

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 – Friday; 6 a.m. to 2:30 p.m. PST, Saturday
- Interactive Voice Response available 24/7

Locate a VSP provider at ameritas.com

View plan benefit information at vsp.com

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