

# NBA BENEFIT PLANS

## Vision Highlight Sheet – VSP Option 2, Low

Effective date: January 1, 2023

### Focus® Plan Summary

	VSP Choice Network + Affiliates	Out-of-Network
<b>Deductibles</b>	\$20 exam \$0 eye glass lenses or frames*	\$20 exam \$0 eye glass lenses or frames
<b>Annual Eye Exam</b>	Covered in full	Up to \$45
<b>Retinal Imaging</b>	\$39	NA
<b>Lenses (per pair)</b>		
• 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
<b>Contacts</b>		
• Fit & Follow-Up Exams	Member cost up to \$60	No benefit
• Elective	Up to \$70	Up to \$50
• Medically Necessary	Covered in full	Up to \$210
<b>Frame Allowance</b>	\$70**	Up to \$35
<b>Frequencies (months)</b>	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
<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	No benefit
<b>Scratch-Resistant Coating</b>	\$17 - \$33	No benefit
<b>Anti-Reflective Coating</b>	\$43 - \$85	No benefit
<b>Ultraviolet Coating</b>	Covered in full	No benefit

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

### Additional Focus® Choice Network Features

<b>Contact Lenses Elective</b>	.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.
<b>Additional Glasses</b>	20% off additional complete pairs of prescription glasses and/or prescription sunglasses*
<b>Frame Discount</b>	VSP offers 20% off any amount above the retail allowance.*
<b>Laser VisionCare</b>	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.
<b>Low Vision</b>	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](http://ameritas.com)

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

**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.**