

# State Center Community College District

## Eye Care Highlight Sheet



### Plan 1: Focus® Plan Summary

Effective Date: 10/1/2024

	VSP Choice Network + Affiliates	Out of Network
<b>Deductibles</b>	\$10 Exam	\$10 Exam
<b>Annual Eye Exam Lenses (per pair)</b>	\$10 Eye Glass Lenses or Frames* Covered in full	\$10 Eye Glass Lenses or Frames Up to \$45
<b>Single Vision</b>	Covered in full	Up to \$30
<b>Bifocal</b>	Covered in full	Up to \$50
<b>Trifocal</b>	Covered in full	Up to \$65
<b>Lenticular</b>	Covered in full	Up to \$100
<b>Progressive</b>	See lens options	NA
<b>Contacts</b>		
<b>Fit &amp; Follow Up Exams</b>	Member cost up to \$60	No benefit
<b>Elective</b>	Up to \$180	Up to \$145
<b>Medically Necessary</b>	Covered in full	Up to \$210
<b>Frame Allowance</b>	\$180**	Up to \$70
<b>Frequencies (months)</b>		
<b>Exam/Lens/Frame</b>	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.

\*\*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 for dependent children \$33 adults	No benefit
<b>Solid Plastic Dye</b>	\$15 (except Pink I & II)	No benefit
<b>Plastic Gradient Dye</b>	\$17	No benefit
<b>Photochromatic Lenses (Glass &amp; Plastic)</b>	\$31-\$82	No benefit
<b>Scratch Resistant Coating</b>	\$17-\$33	No benefit
<b>Anti-Reflective Coating</b>	\$43-\$85	No benefit
<b>Ultraviolet Coating</b>	\$16	No benefit

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

### The VSP network provides additional savings on eyewear and laser vision correction

Amount exceeding retail frame allowance	20% off
Additional prescription glasses	20-30% off**
Non-prescription sunglasses	20-30% off*
Additional savings	Select a featured frame brand and get an extra \$20 to spend
LASIK or PRK laser vision correction	15% average of retail, 5% off promotional price at VSP contracted facilities
Retinal screening	Member cost \$39 or less
Find more opportunities to save at <a href="http://vsp.com/offers">vsp.com/offers</a> .	
Based on applicable laws, reduced costs may vary by doctor location.	
*The Costco and Walmart allowance will be the wholesale equivalent.	
**30% off if purchased the same day as the WellVision exam 20% off if purchased within 12 months of the exam.	

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### Primary Eyecare

- Retinal screening for members with diabetes
- Additional exams and services for members with diabetes, glaucoma, or age-related macular degeneration
- Treatment and diagnoses of eye conditions, including pick eye, vision loss, and cataracts available for all members
- Limitations and coordination with your medical coverage may apply. Ask your VSP doctor details.
- As needed

### Lightcare Program

Members may use \$180 frame allowance for ready-made non-prescription sunglasses or blue light filtering glasses in lieu of prescription glasses or contact lenses.

### Hearing Savings

With your Ameritas plan, you can receive hearing aid discounts through Great Hearing Benefits at their 4,500+ hearing care locations nationwide. Call 877-683-9495 for your free hearing consultation today. This savings arrangement is not insurance. It is available to members at no additional cost to their plan premium.

Highlights include: hearing exam for only \$50 (saves you \$100 off the industry average of \$150), up to 50% off retail pricing on today's top hearing technology, plus a satisfaction guarantee and warranty service. Visit [greatearingbenefits.com/ameritas](http://greatearingbenefits.com/ameritas) to learn more.

### 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: [ameritas.com](http://ameritas.com)

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

### Language Services

We recognize the importance of communicating with our growing number of multilingual customers. That is why we offer a language assistance program that gives you access to: Spanish-speaking claims contact center representatives, telephone interpretation services in a wide range of languages, online dental network provider search in Spanish and a variety of Spanish documents such as enrollment forms, claim forms and certificates of insurance.

### Domestic Partner

California state law requires that coverage shall be provided to Registered Domestic Partners that is equal to, and subject to the same terms and conditions as, the coverage provided to a spouse. Registered Domestic Partner means a partner of the Insured as long as the partnership meets the requirements for such relationship as defined in Section 297 of the California Family Code or the functional equivalent registration of any other state or local jurisdiction.

**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.**