VSP – Choose from two plans

VSP Choice Plan A In-Network

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 — every 12 months

Medically necessary contact lenses
- $25 deductible — every 12 months
- Paid in full minus deductible

Medically necessary contact lens follows the contacts frequency; Medically necessary contacts not available in the state of TX.

VSP Choice Plan B In-Network

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 — every 24 months

Medically necessary contact lenses
- $25 deductible — every 24 months
- Paid in full minus deductible

Medically necessary contact lens follows the contacts frequency; Medically necessary contacts not available in the state of TX.

VSP Direct Vision Rates

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

FL, MS - Rates

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

MN - Rates

	Plan A	Plan B
Individual	$9.52	$6.94
Individual +1	$17.17	$12.68
Family	$25.33	$18.67

MI & NC- Rates

	Plan A	Plan B
Individual	$11.20	$8.16
Individual +1	$20.20	$14.92
Family	$29.80	$21.96

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 Program℠
| 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.

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

Medically necessary contacts not available in the state of TX.

Out-of-Network Benefits

Direct Vision also offers out-of-network benefits. You will realize the biggest benefit savings when you visit an in-network provider, but our plans reflect the understanding that it is not always possible. When an out-of-network provider is utilized, you pay the provider the appropriate fees and then request reimbursement from the plan. The plan will reimburse up to the amounts indicated in the schedule shown above.

* 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, RI and WA. VSP Plan B is not available in NM.

Vision Limitations and Exclusions

What is not covered?
This plan does not cover:

- Services and/or materials not specifically included in this Schedule as covered Plan Benefits,
- Plano lenses (lenses with refractive correction of less than plus or minus .50 diopter) except as specifically allowed in the frames benefit section below,
- Services or materials that are cosmetic, including Plano contact lenses to change eye color and artistically painted Contact Lenses,
- 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,
- Orthoptics or vision training and any associated supplemental testing,
- Medical or surgical treatment of the eyes,
- Contact lens modification, polishing or cleaning,
- The refitting of Contact Lenses after the initial 90-day filing period.
- Contact Lens insurance policies or service contracts.
- Additional office visits associated with contact lens pathology,
- Local, state and/or federal taxes, except where law requires us to pay,
- Membership fees for any retail center in which an Affiliate or Open Access provider office may be located. Covered persons may be required to purchase a membership in such entities as a condition of accessing 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. If you chose e-delivery your policy and ID cards will be available for download on the Ameritas Member Portal. If you chose paper delivery your policy and ID cards will arrive via USPS in 10 days.

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 800.300.9566.

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.