

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
Deductibles	\$10 Exam	\$10 Exam
Annual Eye Exam	\$10 Eye Glass Lenses or Frames* Covered in full	\$10 Eye Glass Lenses or Frames Up to \$45
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 \$180	Up to \$145
Medically Necessary	Covered in full	Up to \$210
Frame Allowance	\$180**	Up to \$70
Frequencies (months)		
Exam/Lens/Frame	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
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 for dependent children \$33 adults	No benefit
Solid Plastic Dye	\$15 (except Pink I & II)	No benefit
Plastic Gradient Dye	\$17	No benefit
Photochromatic Lenses (Glass & Plastic)	\$31-\$82	No benefit
Scratch Resistant Coating	\$17-\$33	No benefit
Anti-Reflective Coating	\$43-\$85	No benefit
Ultraviolet Coating	\$16	No benefit

State Center Community College District

Eye Care Highlight Sheet



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 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

View plan benefit information at: vsp.com

Language Services

We recognize the importance of communicating with our growing number of multilingual customers. That is why we offer a language