

VSP – Choose from two plans.

VSP CHOICE PLAN A

- Eye Exam** focuses on your eye health and overall wellness
- \$15 co-payevery 12 months
- Contact Lens Exam & Fitting**
Standard and premium contact lens exam and fitting
- Up to \$60.....every 12 months
- Frames**
- Up to \$150 frame allowance.....every 12 months
- Contacts (in lieu of lenses and frame)**
- Up to \$150 allowanceevery 12 months
- Single/Bifocal/Trifocal Lenses**
- \$25 co-payevery 12 months

VSP CHOICE PLAN B

- Eye Exam** focuses on your eye health and overall wellness
- \$15 co-payevery 12 months
- Contact Lens Exam & Fitting**
Standard and premium contact lens exam and fitting
- Up to \$60.....every 24 months
- Frames**
- Up to \$150 frame allowance.....every 24 months
- Contacts (in lieu of lenses and frame)**
- Up to \$150 allowanceevery 24 months
- Single/Bifocal/Trifocal Lenses**
- \$25 co-payevery 24 months

VSP DIRECT VISION RATES

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

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.

- Lens enhancements co-pay applies to single and multi-focal vision lens enhancements with the exception of glass tints (\$44) and polycarbonate (\$35) which have higher multi-focal co-pays.

Additional benefits at no additional cost.*

Laser VisionCare ProgramSM

- 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 \$1000 are covered every 2 years.

Out-of-network benefits.

Direct Vision also offers out-of-network benefits. Members will realize the biggest benefit savings when they utilize an in-network provider, but our plans reflect the understanding that it is not always possible. When an out-of-network provider is utilized, the member pays the provider the appropriate fees and then requests reimbursement from the plan. The plan will reimburse up to the amounts indicated in the schedule to the right.

* 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.

The VSP Direct Vision Insurance plans are available in all states except: MA, MD, NY, RI and WA. Plan A is not available in ID and OH.

ADDITIONAL STANDARD LENS ENHANCEMENTS	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	\$55
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

This provides a very brief description of some of the important features of this insurance policy. It is not the insurance policy and does not represent it. A full explanation of benefits, exceptions and limitations is contained in the Individual Dental Policy Form Indiv. 9000 Rev. 07-16 (Revision dates may vary by state). Premium rates may change upon renewal. This policy is renewable at the option of the insured. This product may not be available in all states and is subject to individual state regulations. Ameritas, the bison design, "fulfilling life" and product names designated with SM or ® are service marks or registered service marks of Ameritas Life, affiliate Ameritas Holding Company or Ameritas Mutual Holding Company. All other brands are property of their respective owners.



VISION LIMITATIONS AND EXCLUSIONS

Please check for availability in your state. Based on applicable laws, reduced costs may vary by doctor locations. Covered expenses will not include and no benefits will be payable for:

- Vision examinations, lenses and frames exceeding the set annual benefit amount.
- Examinations performed or frames or lenses ordered before the member was covered under the plan.
- Subject to extension of benefits, any examination performed or frame or lens ordered after the coverage under the plan ceases.
- Sub-normal eye care aids; orthoptic or eye care training or any associated testing.
- Non-prescription lenses.
- Any eye examination or corrective eyewear required by an employer as a condition of employment.
- Medical or surgical treatment of the eyes.
- Any service or supply not shown on the Schedule of Eye Care Procedures.
- Coated lenses; oversize lenses (exceeding 71 mm); photo-gray lenses; polished edges; UV-400 coating and facets, and tints other than solid.
- Claims filed more than 90 days after completion of the service (or longer than 90 days in certain states). An exception is if the Insured shows it was not possible to submit the proof of loss within this period.

WHEN WILL MY COVERAGE BEGIN

The Direct Vision Insurance plan provides four options for effective dates. Choose the one that works best for you and your family. You will receive an email confirmation immediately after enrollment to verify this information. Your policy will arrive within 10 business days of enrollment.

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.