

Before your enrollment deadline, give vision benefits some serious thought. Vision insurance can be just as important to a lifetime of good health as your medical plan. Find out what vision benefits can do for you and your family.

# Employee Vision Benefits

effective May 1, 2025

Substitute Teacher  
Services

**vsp**  
vision care

Ameritas   
*fulfilling life.*

# Your VSP vision plan

VSP offers the nation's largest network of independent doctors. Retail locations include:



Browse and buy online at [eyeconic.com](https://eyeconic.com) and get the most current deals on eyewear. Eyeconic.com is in the VSP network, and your vision benefits are applied directly to your online order.

## VSP providers offer:


- 20% off remaining frame balance
  - 20% off non-covered complete prescription glasses
  - 20-40% off lens enhancements
  - 15% average off retail for LASIK or PRK laser eye correction, or 5% off promotional price, through a VSP provider
- Based on applicable laws, reduced costs may vary by doctor location.
- VSP offers the nation's largest network of independent providers. With 86% of VSP doctors offering early morning, evening or weekend appointments, and 24-hour access to emergency care. Find VSP network providers at [vsp.com](https://vsp.com).

## Prescription savings

You and your covered dependents can save on prescription medications at over 60,000 pharmacies across the nation. Participating pharmacies give your normal health care pharmacy benefits, or the prescription discount, whichever saves you more. This is offered at no additional cost to your plan premium and is not insurance.

Find a pharmacy near you – [ameritas.com/rxpharmacy](https://ameritas.com/rxpharmacy)

Look up a price – [ameritas.com/rxpricing](https://ameritas.com/rxpricing)

Prescription Drug Savings Card	THIS IS NOT INSURANCE
 Member Name: _____ RxBin # 017529 Group # AMERITAS Member ID # AMER2233 PCN: AMRX This is not insurance Administered by Elixir Savings	<p>Certain terms and conditions apply. View terms and conditions at <a href="https://ameritas.com/rxterms">ameritas.com/rxterms</a>. Void where prohibited. Discounts available only at participating pharmacies. Process all prescriptions electronically.</p> <p>For prescription discount drug pricing please visit <a href="https://ameritas.com/rxpricing">ameritas.com/rxpricing</a>.</p> <p>Discounts available at over 60,000 pharmacies across the nation. To find a pharmacy visit <a href="https://ameritas.com/rxpharmacy">ameritas.com/rxpharmacy</a>.</p> <p>Pharmacy and member help desk 1-877-684-0032</p> <p>This is a FREE card and may not be sold.</p>
GR 6269 10-20	GR 6269 10-20

# Substitute Teacher Services

## Eye Care Highlight Sheet



### Plan 1: Focus® Plan Summary

Effective Date: 5/1/2025

	VSP Choice Network + Affiliates	Out of Network
<b>Deductibles</b>	\$10 Exam	\$10 Exam
<b>Annual Eye Exam</b>	\$25 Eye Glass Lenses or Frames*	\$25 Eye Glass Lenses or Frames
<b>Lenses (per pair)</b>	Covered in full	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 \$130	Up to \$105
<b>Medically Necessary</b>	Covered in full	Up to \$210
<b>Frame Allowance</b>	\$130**	Up to \$70
<b>Frequencies (months)</b>		
<b>Exam/Lens/Frame</b>	12/12/24	12/12/24
	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.

### 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 & 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.

### 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.

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.

# Frequently asked questions

## Can I use my benefits if I visit a provider outside the network?

Yes, if you visit an out-of-network provider, you pay your provider the full balance and submit a claim with your itemized receipt for reimbursement based on out-of-network plan benefits. Greater benefits are available with network providers, and they submit the claim for you.



## Can I shop online for glasses and contacts?

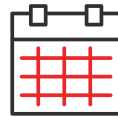
Yes, after you complete your vision examination and obtain your prescription, you can purchase glasses or contacts online from any site. Browse and buy eyewear online at [eyeconic.com](https://www.eyeconic.com), which is in the VSP network, and your vision benefits are applied directly to your online order, so you don't have to pay full price and wait for a reimbursement.

## What is the eye exam benefit?

Most plans cover one eye exam each year in full when you visit a network provider. Please see your plan summary sheet for out-of-network benefits.

## Is there a separate exam for contacts?

Many providers do a separate exam for contact fit and follow-up, and there is a separate charge for this exam. Please refer to your plan summary for details on how this exam is covered.



## Can I get glasses and contacts in the same year?

No, your benefit can be applied to contacts OR glasses during the benefit year. In other words, you will not receive an allowance for contacts if you already chose to apply your vision benefits to a new pair of lenses and/or frames during the same benefit year.

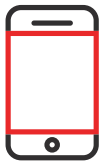
## Are there discounts available for LASIK surgery?

Yes, members may receive a 15% discount off the retail price of LASIK surgery or 5% off the promotional price.



## Are optional lens coatings covered?

Lens options are not covered. When you visit a network provider, you'll get discounts on a variety of lens coating options. See the plan summary for details. Extra charges can add up quickly, so make sure you discuss these options and their costs.



## Who do I contact if I have questions?

Contact VSP for benefit, claims or network questions.

800-877-7195

Mon-Fri 7 a.m.-10 p.m.

Sat-Sun 9 a.m.-10 p.m. (CST)

Contact Ameritas for billing, administration, ID card or network questions.

800-659-2223

Mon-Thu 7 a.m.-7 p.m.

Fri 7 a.m.-5:30 p.m. (CST)

Visit [vsp.com](https://www.vsp.com) and [ameritas.com](https://www.ameritas.com) to set up your member accounts and access the information listed above.



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