Vision Plan Benefits

	VSP Signature Network	Out-of-Network
Annual Eye Exam	Covered in full	Up to \$52
Single Vision Lenses	Covered in full	Up to \$55
Bifocal Lenses	Covered in full	Up to \$75
Trifocal Lenses	Covered in full	Up to \$95
Lenticular Lenses	Covered in full	Up to \$125
Progressive Lenses	See lens options	NA
Frames	\$80	\$80
Contacts (elective)	Up to \$80	Up to \$80
Contacts (medically necessary)	Covered in full	Up to \$ 210

Deductible		
Annual Eye Exam	\$10	\$10
Eyeglass Lenses or Frames	\$25	\$25
Benefit Frequencies (months)	Based on Date of Service	
Exam/Lens/Frame	12/24/24	

Member cost for lens options (May vary by pre	rescription, options chosen and retail location)
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Progressive Lenses	Up to provider's contracted fee for lined Trifocal Lenses. The patient is responsible for the difference between the base lens and the progressive lens charge.	Up to Lined Trifocal allowance
Std. Polycarbonate	Covered in full for dependent children \$25 adults	No benefit
Solid Plastic Dye	\$13 (except Pink I & II)	No benefit
Plastic Gradient Dye	\$15	No benefit
Scratch Resistant Coating	\$15-\$29	No benefit
Anti-Reflective Coating	\$39-\$75	No benefit
Ultraviolet Coating	\$14	No benefit

WEST LINN WILSONVILLE SCHOOL DISTRICT

Policy #: 010-350631



LASIK Advantage

Your eye care plan includes a feature called LASIK Advantage which provides benefits for LASIK and related procedures, including standard LASIK, custom LASIK, LASIK with Wavefront Technology, CustomVue LASIK, LASIK with IntraLase technology and Photorefractive Keratectomy (PRK). As a participant in the dental plan you earn a lifetime LASIK

benefit per eye over time. The benefit amount increases over a four year period, with the highest benefit provided in year four. Benefits are earned for each eye.

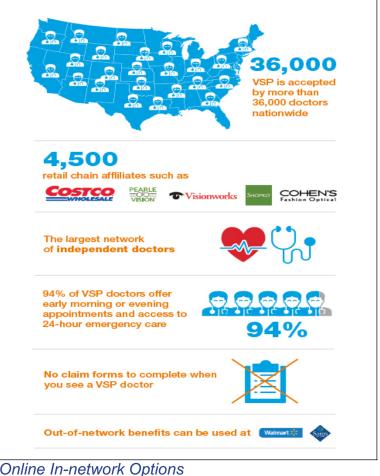
If you and/or your eligible dependents are late entrants as described above, you and/or your eligible dependents must wait 12 months from enrollment to be eligible for LASIK coverage; after 12 months the LASIK benefit starts at the year one amount. The LASIK Advantage benefit is available to participants age 18 and older.

This benefit offers choice! Any specialist can be chosen, as there is no network tied to this coverage.

Lifetime Benefit	Year	Year	Year	Year	
Earned per Eye:	One	Two	Three	Four	
	\$175	\$175	\$350	\$350	

VSP Network

With access to the largest network of independent doctors, VSP members receive services at rates well below walk-in prices at more than 36,000 doctors nationwide. Find a provider at https://www.vsp.com



Eyeconic.com is in-network online eyewear store - which means you won't have to pay the full price now, then wait to be reimbursed later. Your vision benefits will be applied directly to your online order. Eyeconic FAO:

https:www.vsp.com/eyewear-question.html

Customer Service

VSP 800-877-7195 www.vsp.com Mon-Fri 5am-8am, Sat 7am-8pm, Sun 7am-7pm (PST)

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Additional Savings

Additional Savings		
Find More VSP exclusive member savings offers at		
https://www.vsp.com/optical-discounts.html		
When you visit a VSP network provider you'll save:		
60	20% off remaining frame balance	
	20-25% off non-covered lens options such as UV coating & polycarbonate	
	20% off non-covered complete prescription glasses	
	15% off LASIK and PRK laser surgery retail price or	
\$	5% off promotion price	

Based on applicable laws, reduced costs may vary by doctor location.

Laser Vision Surgery

Your vision plan provides an average discount of 15% on LASIK and PRK. Your maximum out-of-pocket per eye is \$1,800 for LASIK, \$2,300 for custom LASIK using Wavefront technology, and \$1,500 for PRK. In order to receive the benefit, a VSP Provide must coordinate the procedure. Getting started is simple; just follow the steps at https://www.vsp.com/lasik.html

Based on applicable laws, reduced costs may vary by doctor location.

Rx Savings

Save on Prescription medications at 60,000 Pharmacies across the nation including CVS, Walgreens, Rite Aid and Walmart. Just Present your Rx savings card. To access and print your Rx savings cards, visit ameritas.com, register/sign in to your secure member account and select member savings. This discount is offered at no additional cost and is not 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.