# WEST LINN WILSONVILLE SCHOOL DISTRICT

Policy #: 010-350631



## Vision Plan Benefits

	EyeMed Insight Network	Out-of-Network
Annual Eye Exam	Covered in full	Up to \$35
Single Vision Lenses	Covered in full	Up to \$25
Bifocal Lenses	Covered in full	Up to \$40
Trifocal Lenses	Covered in full	Up to \$60
Lenticular Lenses	20% discount	No benefit
Progressive Lenses	See lens options	NA
Frames	\$120	\$48
Contact Fit & Follow up Exam	Standard: Member Cost up to \$40 Premium: 10% off of retail	No benefit
Contacts (elective)	Up to \$135	Up to \$95
Contacts (medically necessary)	Covered in full	Up to \$ 200

## Deductible

Annual Eye Exam	\$10	No deductible
Eveglass Lenses	\$25	No deductible

# Benefit Frequencies (months)

Based on Date of Service 12/12/24

Exam/Lens/Frame

# Member cost for lens options (may vary by prescription, option chosen and retail location)

Progressive Lenses		
Standard	\$65 + lens deductible	No benefit
Premium		
Tier 1	\$85 + lens deductible	No benefit
Tier 2	\$95 + lens deductible	No benefit
Tier 3	\$110 + lens deductible	No benefit
Tier 4	\$65 plus 80% of charge less \$120	No benefit
	allowance	
Std. Polycarbonate	\$40	No benefit
Tint (solid and gradient)	\$15	No benefit
Scratch Resistant Coating	\$15	No benefit
Anti-Reflective Coating	\$45	No benefit
Ultraviolet Coating	\$15	No benefit
Lasik or PRK	Average discount of 15% off retail	No benefit
	price or 5% off promotional price at US	
	Laser network participating providers.	

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## 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).

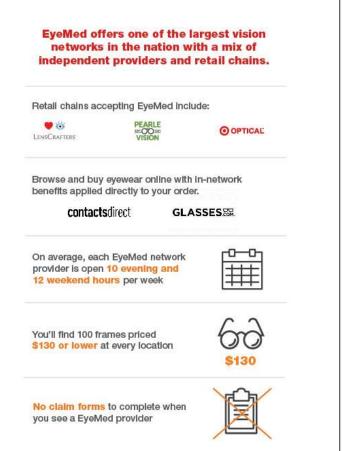
As a participant in the dental plan you earn a lifetime LASIK benefit per eye over time. The benefit amount increases over a four year period, with the highest benefit provided in year four. Benefits are earned for each eye.

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	\$250	\$350

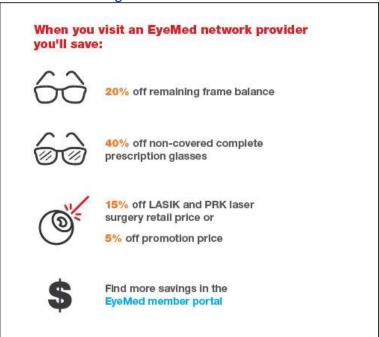
### EyeMed Network



# Customer Service

EyeMed 866-289-0614 www.eyemedvisioncare.com Mon-Sat 8am-11pm, Sun 11am-8pm (EST)

#### Additional Savings



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.

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