

# PENSACOLA STATE COLLEGE EYE MED PLAN

Policy #: 010-42479



## Vision Plan Benefits

	EyeMed Access 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 \$55
Lenticular Lenses	20% discount	No benefit
Progressive Lenses	See lens options	NA
Frames	\$130	\$65
Contact Fit & Follow up Exam	Standard: Member Cost up to \$55 Premium: 10% off of retail	No benefit
Contacts (elective)	Up to \$130	Up to \$104
Contacts (medically necessary)	Covered in full	Up to \$ 200

## Deductible

Annual Eye Exam	\$10	No deductible
Eyeglass Lenses	\$0	No deductible

## Benefit Frequencies (months)

Based on Date of Service

Exam/Lens/Frame	12/12/24
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## Member cost for lens options (may vary by prescription, option chosen and retail location)

Progressive Lenses	Standard: \$65 + lens deductible Premium: lens cost -20% discount -\$120 allowance + Standard Progressive cost	No benefit
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 price or 5% off promotional price at US Laser network participating providers.	No benefit

## Rates - 26 Payroll Deductions

Employee only	\$3.78
Employee & Spouse	\$7.53
Employee & Child(ren)	\$7.09
Employee & Spouse & Child(ren)	\$10.84

## Rates -19 Payroll Deductions

Employee only	\$5.18
Employee & Spouse	\$10.31
Employee & Child(ren)	\$9.70
Employee & Spouse & Child(ren)	\$14.83

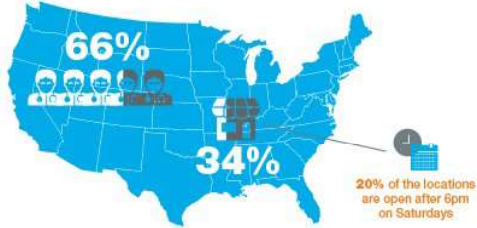
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## EyeMed Access Network

Over 94,000 access points nationwide, made up of 66% independent doctors and 34% retail locations



### 5 of the Top 6

national retail chains accept EyeMed



On average, each EyeMed network provider is open **10 evening and 12 weekend hours** per week



You'll find 100 frames priced **\$130 or lower** at every location



**No claim forms** to complete when you see an EyeMed provider



## Additional Savings

When you visit an EyeMed network provider you'll save:

**20% off remaining frame balance**

**15% off remaining contact lens balance and additional contacts after benefit allowance**

**40% 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*

## 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](http://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.

## Customer Service

EyeMed **866-289-0614** [www.eyemedvisioncare.com](http://www.eyemedvisioncare.com)  
Mon-Sat 8am-11pm, Sun 11am-8pm (EST)