

San Diego Padres Vision Benefits



How to choose a vision plan

No matter which you choose, these plans are designed to be easy to use and to save you money.

- You have the freedom to choose any vision provider. However, your benefit dollars go further when you visit a VSP or EyeMed network provider. Check both networks online at vsp.com and eyemed.com to find your provider or retail location.
- Compare the plan details to determine which plan better fits your needs. Choose one plan when enrolling in coverage.
- Each network provides additional savings on eyewear and laser vision correction.



Your VSP vision plan

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



Browse and buy online at 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:

- A 20% discount on the remaining frame balance, additional prescriptions glasses and nonprescription sunglasses, plus 20-40% off lens enhancements. Find more ways to save at vsp.com/specialoffers.
- An extra \$20-\$40 to spend on featured frame brands.
- The option to apply your lens and frame allowances to prescriptions safety glasses in lieu of regular eyeglasses or contacts.
- 15% average off retail for LASIK or PRK laser eye correction, or 5% off promotional price, at VSP-contracted facilities.
Based on applicable laws, reduced costs may vary by doctor location.
- Extended hours and no claim forms. 91% of VSP doctors offer early morning, evening or weekend hours, and they take care of filing your claim

	In-network	Out-of-network
Benefit Frequencies		
Exam		Every 12 months
Eyeglass lenses or contacts		Every 12 months
Frames		Every 12 months
Deductible (aka Copay)		
		\$25 Exam
Per person per calendar year		\$25 Eyeglass lenses or frames
Annual Eye Exam	100%	Up to \$50
Lenses		
Single vision	100%	Up to \$50
Bifocal	100%	Up to \$75
Trifocal	100%	Up to \$100
Lenticular	100%	Up to \$125
Progressive	Up to provider's lined trifocal contracted fee	Up to lined trifocal allowance
Frames	\$130	Up to \$70
Contacts		
Elective	Up to \$130	Up to \$105
Fit & follow-up exam	Member cost up to \$60	No benefit
Prescription Safety Glasses	Covered in lieu of regular eyeglasses or contacts; lens and frame allowances apply	
Lens Options and Coatings, Member Cost		
Std. polycarbonate	100% child, \$25 adult	No benefit
Tints & dyes (except pink I & II)	\$13-\$15	No benefit
Photochromatic	\$27-\$76	No benefit
Scratch resistant	\$15-\$29	No benefit
Anti-reflective	\$39-\$75	No benefit
Ultraviolet	\$14	No benefit

* Plan benefits are what the plan pays, unless otherwise noted as member cost.

Your EyeMed vision plan

EyeMed's Access network includes some of the most recognized names, including:



contactsdirect
GLASSES.COM

Browse and buy eyewear online. Glasses.com and Contacts Direct are in the EyeMed network, and your vision benefits are applied directly to your online order.

EyeMed providers offer:

- Discounts on lens options and 20% off the remaining frame balance and non-prescription sunglasses. Plus save 40% off a second pair of prescriptions glasses. More savings offers are available within the EyeMed member portal.
- Nearly 100 frames priced \$130 or lower at every location.
- Cutting-edge lens simulators, virtual frame side-by-side comparisons and some even have on-site labs for same-day glasses.
- 15% average off retail for LASIK or PRK laser eye correction, or 5% off promotional price, at U.S. Laser Network locations.
Based on applicable laws, reduced costs may vary by doctor location.
- Extended hours and no claim forms. EyeMed providers are open an average of 10 evening hours and 12 weekend hours each week, and they submit your claim form for you.

	In-network	Out-of-network
Benefit Frequencies		
Exam	Every 12 months	
Eyeglass lenses or contacts	Every 12 months	
Frames	Every 12 months	
Deductible (aka Copay)		
Per person per calendar year	\$25 Exam \$25 Eyeglass lenses None out-of-network	
Annual Eye Exam	100%	Up to \$35
Lenses		
Single vision	100%	Up to \$25
Bifocal	100%	Up to \$40
Trifocal	100%	Up to \$55
Lenticular	20% Discount	No benefit
Progressive	Member cost: Standard: \$90 (includes deductible) Premium: \$90 + 80% of retail - \$120 allowance	No benefit
Frames	\$130	Up to \$65
Contacts		
Elective	Up to \$130	Up to \$104
Fit & follow-up exam	Standard: member cost up to \$55 Premium: 10% off retail	No benefit
Prescription Safety Glasses		No benefit
Lens Options and Coatings, Member Cost		
Std. polycarbonate	\$40	No benefit
Tints & dyes (except pink I & II)	\$15	No benefit
Photochromatic	20%	No benefit
Scratch resistant	\$15	No benefit
Anti-reflective	\$45-\$68	No benefit
Ultraviolet	\$15	No benefit

* Plan benefits are what the plan pays, unless otherwise noted as member cost.

Frequently asked questions about VSP and EyeMed vision plans

What is the difference between the two vision plans I'm being offered?

While the plans, discounts and prices are similar, they feature different networks -- VSP and EyeMed. Search the networks at vsp.com and eyemed.com to find your provider or retail location. You will need to choose either the VSP plan or the EyeMed plan at open enrollment.



What is the eye exam benefit?

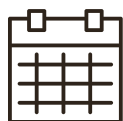
Most plans cover one eye exam each year in full when you visit a network provider. Please see your plan highlight sheet for out-of-network benefits.

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 highlight for details on how this exam is covered.

What are medically necessary contact lenses?

Medically necessary contact lenses are for people who are not able to wear glasses to correct their vision. Usually because the contact acts as a brace to correct or retain the shape of the eye. For those who choose contacts over glasses, the elective contact benefit applies.



Can I get glasses and contacts in the same year?

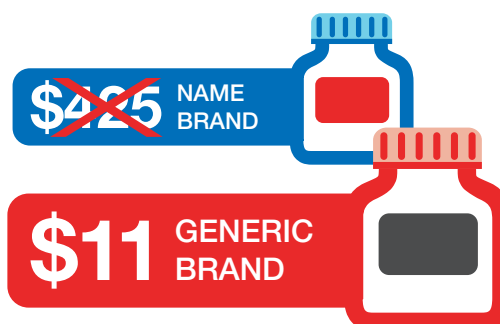
No, your benefit can be applied to contacts OR glasses during the benefit year. In other words, you will not receive an allowance for contacts if you already chose to apply your vision benefits to a new pair of lenses and/or frames during the same benefit year.

Save more with Ameritas

Prescription savings. You and your covered dependents can save on prescription medications at **over 60,000 pharmacies across the nation** including CVS, Walgreens, Rite Aid and Walmart. Participating pharmacies give you 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.

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SAVINGS

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This is not insurance
Administered by EnvisionSavings

THIS IS NOT INSURANCE

Certain terms and conditions apply. View terms and conditions at ameritas.com/rxterms. Void where prohibited. Discounts available only at participating pharmacies. Process all prescriptions electronically.

For prescription discount drug pricing please visit ameritas.com/rxpricing.

Discounts available at over 60,000 pharmacies across the nation. To find a pharmacy visit ameritas.com/rxpharmacy.

Pharmacy and member help desk **1-877-684-0032**

This is a FREE card and may not be sold.

* On average, you could see up to 65% savings on generic prescriptions, and overall average savings of 40% across brand name and generic prescriptions combined. Illustration numbers are rounded to the nearest dollar amount, based on Lexapro TAB 20MG and Escitalopram TAB 20MG, ZIP 68510.



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