

fulfilling life

Group benefits for Missouri State Troopers' Association

INSURANCE BENEFITS

All rates are monthly & must be payroll deducted for actively employed members. Retiree rates are all paid monthly with ACH withdrawal.

	DENTAL (Ameritas)	VISION (Ameritas)
Member	\$ 34.50	\$ 9.50
Member + 1	\$ 69.00	\$14.00
Member + Family	\$103.00	\$18.00



Missouri State Troopers' Association

Eye Care Highlight Sheet



EyeMed ViewPointe® Plan H Summary

	EyeMed Insight Network	Out of Network
Deductibles		
	\$20 Exam	No deductible
	\$20 Eye Glass Lenses	
	Covered in full	Up to \$35
Annual Eye Exam		
Lenses (per pair)		
Single Vision	Covered in full	Up to \$25
Bifocal	Covered in full	Up to \$40
Trifocal	Covered in full	Up to \$55
Lenticular	20% discount	No benefit
Progressive	See lens options	NA
Contacts		
Fit & Follow Up Exams		
Standard	Standard: Member cost up to \$40	No benefit
Premium (Allowance)	Premium: 10% off of retail	No benefit
Elective	Up to \$150	Up to \$120
Medically Necessary	Covered in full	Up to \$200
Frame Allowance	\$150	Up to \$75
Frequencies (months)		
Exam/Lens/Frame	12/12/24	12/12/24
	Based on date of service	Based on date of service

Lens Options (member cost)

	EyeMed Insight Network	Out of Network
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 allowance	No benefit
Std. Polycarbonate	\$40	No benefit
Tint (solid and gradient)	\$15	No benefit
Scratch Resistant Coating	\$15	No benefit
Anti-Reflective Coating		
Standard	\$45	No benefit
Premium		
Tier 1	\$57	No benefit
Tier 2	\$68	No benefit
Tier 3	80% of the charge	No benefit
Ultraviolet Coating	\$15	No benefit
Plastic Photochromatic/Transition	\$75	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

Monthly Rates

Employee Only (EE)	\$9.50
EE + 1 Dependent	\$14.00
EE + 2 or more Dependents	\$18.00

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Additional ViewPointe® H Features

EyeMed In-Network Discounts	15% discount off the remaining balance in excess of the conventional contact lens allowance. 20% discount off the remaining balance in excess of the frame allowance. 20% discount on items not covered by the plan at network providers, which may not be combined with any other discounts or promotional offers. This discount does not apply to EyeMed Provider's professional services, or contact lenses.
EyeMed In-Network Secondary Purchase Plan	Members receive a 40% discount on a complete pair of glasses once the funded benefit has been exhausted. Members receive a 15% discount off the retail price on conventional contact lenses once the funded benefit has been exhausted. Discount applies to materials only.
Contact Lens Replacement by Mail Program	After exhausting the contact lens benefit, replacement lenses may be obtained at significant discounts on-line. Visit www.eyemedvisioncare.com for details.

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

Eye Care Plan Member Service

ViewPointe eye care from Ameritas Group features the money-saving eye care network of EyeMed Vision Care. Customer service is available to plan members through EyeMed's well-trained and helpful service representatives. Call or go online to locate the nearest EyeMed network provider, view plan benefit information and more.

EyeMed Customer Care Center: 1-866-289-0614

- Service representative hours: 8 a.m. to 11 p.m. ET Monday through Saturday, 11 a.m. to 8 p.m. ET Sunday
- Interactive Voice Response available 24/7

Locate an EyeMed provider at: ameritas.com

View plan benefit information at: eyemedvisioncare.com

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.

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Eye Care Highlight Sheet



VSP Focus® Plan Summary

	VSP Choice Network + Affiliates	Out of Network
Deductibles	\$20 Exam	\$20 Exam
Annual Eye Exam	\$20 Eye Glass Lenses or Frames*	\$20 Eye Glass Lenses or Frames
Lenses (per pair)	Covered in full	Up to \$45
Single Vision	Covered in full	Up to \$30
Bifocal	Covered in full	Up to \$50
Trifocal	Covered in full	Up to \$65
Lenticular	Covered in full	Up to \$100
Progressive	See lens options	NA
Contacts		
Fit & Follow Up Exams	Member cost up to \$60	No benefit
Elective	Up to \$150	Up to \$120
Medically Necessary	Covered in full	Up to \$210
Frame Allowance	\$150**	Up to \$75
Frequencies (months)		
Exam/Lens/Frame	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.

Lens Options (member cost)*

	VSP Choice Network + Affiliates (Other than Costco)	Out of Network
Progressive Lenses		
Standard	\$55	Up to Lined Bifocal allowance.
Premium	Up to provider's contracted fee for Lined Bifocal Lenses. The patient is responsible for the difference between the base lens and the Progressive Lens charge.	Up to Lined Bifocal allowance.
Std. Polycarbonate	Covered in full for dependent children	No benefit
	\$33 adults	
Solid Plastic Dye	\$15	No benefit
	(except Pink I & II)	
Plastic Gradient Dye	\$17	No benefit
Photochromatic Lenses (Glass & Plastic)	\$31-\$82	No benefit
Scratch Resistant Coating	\$17-\$33	No benefit
Anti-Reflective Coating	\$43-\$85	No benefit
Ultraviolet Coating	\$16	No benefit

*Lens Option member costs vary by prescription, option chosen and retail locations.

Monthly Rates

Employee Only (EE)	\$9.50
EE + 1 Dependent	\$14.00
EE + 2 or more Dependents	\$18.00

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Additional Focus® Choice Network Features

Contact Lenses Elective	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.
Additional Glasses	20% off additional complete pairs of prescription glasses and/or prescription sunglasses.*
Frame Discount	VSP offers 20% off any amount above the retail allowance.*
Laser VisionCare	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.
Low Vision	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.

Eye Care Plan Member Service

Focus eye care from Ameritas Group features the money-saving eye care network of VSP. Customer service is available to plan members through VSP's well-trained and helpful service representatives. Call or go online to locate the nearest VSP network provider, view plan benefit information and more.

VSP Call Center: 1-800-877-7195

- Service representative hours: 5 a.m. to 7 p.m. PST Monday through Friday, 6 a.m. to 2:30 p.m. PST Saturday
- Interactive Voice Response available 24/7

Locate a VSP provider at: ameritas.com

View plan benefit information at: vsp.com

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