

Employee Vision Benefits



City of Birmingham

You have two plans from which to choose. Both plans help you save money and maintain healthy eyes and sharper vision. Compare the networks, plan summaries and additional details to determine which plan better fits your needs.

Search vsp.com and eyemed.com to see which network includes your preferred providers or retail locations.

VSP network

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



EyeMed network

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



VSP and EyeMed networks both include online options for purchasing eyewear. Your vision benefits are applied directly to your online order.

VSP network

eyeconic.com

EyeMed network

contactsdirect.com
glasses.com
lenscrafters.com

ray-ban.com
targetoptical.com

VSP Network Monthly Rates		EyeMed Network Monthly Rates	
Employee Only	\$ 5.00	Employee Only	\$ 5.00
Employee plus one dependent	\$ 9.84	Employee plus one dependent	\$ 9.84
Employee plus two or more dependents	\$15.36	Employee plus two or more dependents	\$15.36

Your vision plan options

VSP Plan

	VSP Choice Network + Affiliates	Out of Network
Deductibles	\$20 Exam \$20 Eye Glass Lenses or Frames*	\$20 Exam \$20 Eye Glass Lenses or Frames
Annual Eye Exam	Covered in full	Up to \$43
Lenses (per pair)		
Single Vision	Covered in full	Up to \$26
Bifocal	Covered in full	Up to \$43
Trifocal	Covered in full	Up to \$60
Lenticular	Covered in full	Up to \$91
Progressive	See lens options	NA
Contacts		
Fit & Follow Up Exams	Member cost up to \$60	No benefit
Elective	Up to \$200	Up to \$100
Medically Necessary	Covered in full	Up to \$210
Frame Allowance	\$200**	Up to \$40
Frequencies (months)		
Exam/Lens/Frame	12/12/24 Based on date of service	12/12/24 Based on date of service

EyeMed Plan

	EyeMed Insight Network	Out of Network
Deductibles	\$20 Exam \$20 Eye Glass Lenses	No deductible
Annual Eye Exam	Covered in full	Up to \$35
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 \$200	Up to \$144
Medically Necessary	Covered in full	Up to \$200
Frame Allowance	\$200	Up to \$90
Frequencies (months)		
Exam/Lens/Frame	12/12/24 Based on date of service	12/12/24 Based on date of service

Additional savings

Each network provides additional savings on eyewear and laser vision correction

	VSP Network	EyeMed Network
Amount exceeding retail frame allowance	20% off	20% off
Additional prescription glasses	20-30% off*	40% off
Non-prescription sunglasses	20-30% off*	20% off
Additional savings	Select a featured frame brand and get an extra \$20-\$40 or more to spend	20% off of non-covered materials**
LASIK or PRK laser vision correction	15% average off retail, 5% off promotional price at VSP contracted facilities	15% off retail price, or 5% off promotional price, for LASIK or PRK with U.S. Laser Network owned by LCA-Vision
Retinal screening	Member cost \$39 or less	Member cost \$39 or less

Lens options and coatings

Lens options are not covered by these plans. When you visit a network provider, you'll get discounts on a variety of lens options. See member costs below.

	VSP Network	EyeMed Network
Progressive Lenses	<p>Standard Covered in full.</p> <p>Premium \$95 - \$105 copay</p> <p>Custom \$150 – \$175 copay</p>	<p>Standard Covered in full.</p> <p>Premium</p> <p>Tier 1 \$ 85 + lens deductible</p> <p>Tier 2 \$ 95 + lens deductible</p> <p>Tier 3 \$ 110 + lens deductible</p> <p>Tier 4 \$ 65 plus 80% of charge less \$120 allowance</p>
Std. polycarbonate (impact-resistant)	\$0 child, \$33 adult	\$0 child, \$40 adult
Tints & dyes (except pink I & II)	\$15-\$17	\$15
Photochromatic (light-to-dark tinting)	\$31-\$82	\$75
Scratch-resistant	\$17-\$33	\$15
Anti-reflective (anti-glare)	\$43-\$85	\$45-\$68
Ultraviolet	Covered in Full	Covered in Full
Find more opportunities to save	at vsp.com/offers	in the EyeMed member portal

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

*30% off if purchased the same day as the WellVision exam; 20% off if purchased within 12 months of the exam

**Excludes lens upgrades

Frequently asked questions

I don't wear glasses and can see fine. Why do I need vision coverage?

Getting an eye exam isn't just about needing glasses. It's also about your health. An eye exam can detect eye health problems like glaucoma or cataracts, but it may also help identify signs of serious diseases, like high blood pressure, diabetes and high cholesterol.



My child gets a vision screening at school, so there's no need for an eye exam, right?

A vision screening does not take the place of a comprehensive eye exam. School screenings generally check for color blindness and your child's ability to see far away. A comprehensive exam will evaluate the entire structure of the eye and allow the doctor to view nerves and blood vessels—small windows into your child's overall health. Eye doctors will also check for farsightedness, which is more common in younger children.

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 use FSA or HSA funds after my vision benefit is applied?

Yes. A Flexible Spending Account (FSA) or Health Savings Account (HSA) can be used to pay for out-of-pocket vision expenses.

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 the plan details for information on how this exam is covered.



What is Ameritas' relationship with VSP and EyeMed?

VSP and EyeMed are the two largest vision care companies in the world. They have relied on Ameritas as a trusted partner for decades. Ameritas handles vision plan administration and underwriting. VSP and EyeMed provide customer service and manage the provider networks.

Can I use my benefits if I visit a provider outside of the network?

Yes. Both plans give you the freedom to choose any vision provider. If you visit an out-of-network provider, you pay your provider the full balance and submit a claim with your itemized receipt for reimbursement based on the out-of-network plan benefits. Greater benefits are available with network providers, and they submit the claim for you.

Who do I contact if I have questions?

VSP

800-877-7195

Mon - Sat 8 a.m. - 7 p.m. (CST)

EyeMed

866-289-0614

Mon-Fri 6:30 a.m. - 10 p.m.

Sat 7 a.m. - 10 p.m.

Sun 10 a.m. - 7 p.m. (CST)

Contact Ameritas for billing, administration, ID card or network questions.

800-659-2223

Mon-Thurs 7 a.m. - 7 p.m.

Fri 7 a.m. - 5:30 p.m. (CST)



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800-776-9446 ameritas.com