



TWO VISION PROGRAMS, INCLUDING ONE AT NO ADDITIONAL COST

Vision discounts available through EyeMed Vision Care (**Vision One Eyecare Discount Program**) provided by Ameritas is included at no additional cost through the Member Value Suite and offers all CaliforniaChoice® members discounts on frames, lenses, and eye examinations at any Sears, JCPenney, Target optical centers, LensCrafters, and participating Pearle Vision locations.

The Voluntary Vision Program offers comprehensive vision insurance benefits and prescription eyewear through a large network of doctors. Members get eye exams every twelve months with a \$10 copay.



Included in the
Member Value Suite

Vision One Eyecare Discount Program	Voluntary Vision – EyeMed Provided by Ameritas	Voluntary Vision – VSP Provided by Ameritas
All CaliforniaChoice medical members and their dependents are eligible for immediate savings.	All CaliforniaChoice members and their dependents may enroll in one of the voluntary vision plans if their employer elects to offer this coverage.	
Frames and Lens Savings: Up to 40% savings on frames, 40% on bifocals, and 15% on non-disposable contact lenses.	Comprehensive Benefits: members access quality vision care and prescription eyewear through a vast network of doctors. Out-of-network coverage is also available.	Comprehensive Services: VSP offers members access to the nation’s largest network of eye care professionals. Out-of-network coverage is also available.
Exam Discounts: Many participating licensed independent Doctors of Optometry offer \$5 discounts off their regular exam fees and \$10 off their regular contact lens exam fees.	Low Fee Exams: In-network benefits offer a low copay of only \$10 for an eye exam.	
Easy to Use: To find the provider closest to you, visit www.eyemedvisioncare.com and click on EyeMed Vision Care Providers for EyeMed and visit www.vsp.com/ and click on Find a Doctor for VSP.		

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Vision One Eyecare Discount Program		Voluntary Vision–EyeMed Provided by Ameritas		Voluntary Vision–VSP Provided by Ameritas	
		In-Network	Out-of-Network	In-Network	Out-of-Network
Eye Examinations	Participating Providers \$5 off routine exam \$10 off contact lenses exam	\$10 copay (1 per 12 months)	Up to \$20 reimbursement	\$10 copay (1 per 12 months)	Up to \$45 reimbursement
Frames Any frame available at provider location	Employee Cost Up to 40% off of retail price	In-Network Copay Covered in Full up to \$100 retail value (1 per 12 months)	Out-of-Network Reimbursement Up to \$30 reimbursement up to \$100 retail value (1 per 12 months)	In-Network Copay Covered in full up to \$180 retail Value (1 per 12 months)	Out-of-Network Reimbursement Up to \$70 reimbursement
Lenses Single Vision	\$50	(1 per 12 months) \$10	Up to \$20 reimbursement	(1 per 12 months) \$10	Up to \$30 reimbursement
Bifocal	\$70	\$10	Up to \$30 reimbursement	\$10	Up to \$50 reimbursement
Trifocal	\$105	\$10	Up to \$40 reimbursement	\$10	Up to \$65 reimbursement
Standard-progressive (No line bifocals; Amount added to bifocal cost)	\$65	\$75	Up to \$30 reimbursement	\$55	Up to \$50 reimbursement
Lens Options		(in addition to lens copayment above)		(in addition to lens copayment above)	
Polycarbonate	\$40	\$40	Not Covered	Covered in full for dependent children, \$33 adults	Not Covered
Scratch-resistant coating	\$15	\$15	Not Covered	\$17 - \$33	Not Covered
Ultraviolet coating	\$15	\$15	Not Covered	\$16	Not Covered
Solid or gradient tint	\$15	\$15	Not Covered	\$15 - \$17	Not Covered
Photochromic	20% off retail price	20% off of retail price	Not Covered	\$31 - \$82	Not Covered
Anti-reflective coating	\$45	\$45	Not Covered	\$43 - \$85	Not Covered
Contact Lenses	Save 15% off non-disposable contacts at nationwide locations and use the Vision One Contact Lens Replacement program for additional savings and convenience.	\$10 (1 purchase per 12 months, in lieu of lenses and frames up to \$100 retail value) Contact Lens Fitting Standard - Covered in Full Premium - 90% of charges (less \$40 allowance) ¹	\$50 reimbursement (1 purchase per 12 months, in lieu of lenses and frames up to \$100 retail value) Contact Lens Fitting Standard - \$40 reimbursement Premium - \$40 reimbursement	\$10 Copay (1 purchase per 12 months, in lieu of lenses and frames up to \$180 retail value) Contact Lens Fitting Covered in full after member cost of up to \$60	Up to \$105 reimbursement (1 purchase per 12 months, in lieu of lenses and frames up to \$180 retail value) Contact Lens Fitting 15% discount

1. Coinsurance is member responsibility.