

# PrimeStar<sup>®</sup> Choice Vision

## Individual Vision Insurance

Protecting your eyes starts with having routine eye exams. To help keep your eyes healthy and eyesight clear, sign up for the PrimeStar Choice Vision insurance plan today!

- No waiting periods
- No enrollment fees

### Plan details

	In-network	Out-of-network
<b>Benefit Frequencies</b>		
Exam	Every 12 months	
Eyeglass lenses or contacts	Every 12 months	
Frames	Every 12 months	
<b>Deductible</b>	\$10 Exam	
Per person per year (based on date of service)	\$20 Eyeglass lenses or frames	
<b>Annual Eye Exam</b>	Covered in full	Up to \$45
<b>Lenses</b>		
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
<b>Frames</b>	Up to \$150	Up to \$70
<b>Contacts</b>		
Elective	Up to \$150	Up to \$105
Fit & follow-up exam	Member cost up to \$60	No benefit
<b>Lens Options and Coatings, Member Cost*</b>		
Std. polycarbonate	\$31-\$35	No benefit
Tints & dyes (except pink I & II)	\$34-\$44	No benefit
Scratch resistant	\$17	No benefit
Anti-reflective	\$41	No benefit
Ultraviolet	\$16	No benefit

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

Monthly rates	All Other States	FL, MN, MS
Policyholder	\$16.34	\$13.07
Policyholder plus One Dependent	\$30.07	\$24.06
Policyholder plus Two or More Dependents	\$44.94	\$35.95

Plan not available in Maryland, Massachusetts, Montana, New York, Rhode Island and Washington.

## Vision provider network

VSP offers the nation's largest network of independent providers. Browse and buy online at [eyeconic.com](http://eyeconic.com) and get the most current deals on eyewear with network benefits.



### VSP provider discounts

Take advantage of 20% off the remaining frame balance, additional prescription glasses, and non-covered lens options. And receive an extra \$20 to spend on featured frame brands. Your laser vision correction discount can be used on LASIK or PRK procedures.

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



### How to use your benefits:

Within 10 business days, you will receive your full policy and ID card. Enjoy paperless claims when using a VSP provider—they'll take care of it for you.

To search for providers, go to [vsp.com](http://vsp.com) or call **800-877-7195**.

## Limitations and exclusions

What is not covered?

Covered expenses will not include and no benefits will be payable for:

- Vision examinations, lenses and frames more than the frequency as indicated on the plan summary page.
- Orthoptics or vision training and any associated supplemental testing.
- Plano lenses (lenses with refractive correction of less than plus or minus .50 diopter) except as specifically allowed in the frames benefit section of the Plan Benefits.
- Two pairs of glasses in lieu of bifocals.
- Replacement of spectacle lenses, frames, and/or contact lenses furnished under this plan that are lost or damaged, except at the normal intervals when services are otherwise available.
- Medical or surgical treatment of the eyes.
- A service which is not listed under the Schedule of Eye Care Services found in the certificate. Members pay costs exceeding plan benefits.

*This brochure highlights the vision coverage available through Ameritas Life Insurance Corp. Please refer to the Certificate of Insurance for a complete list of covered procedures.*



Underwritten by Ameritas Life Insurance Corp. | 5900 O Street Lincoln, NE 68510

This highlight is not a certificate of insurance or guarantee of coverage. Plan designs may not be available in all areas and are subject to individual state regulations. Rates are subject to change at any time.

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