

# PrimeStar® 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

- **Eye Exams** – once every 12 months, beginning day one
- **Lenses & Frames or Contact Lenses** – once every 12 months, beginning day one

Vision Services	In-Network Co-Pay	Out-of-Network Allowance
Eye Exam	\$10	\$45
Contact Lens Exam & Fitting	Up to \$60	\$0 <sup>1</sup>
Frames	\$0 with \$150 allowance	\$70
Contacts (in lieu of frames)	\$0 with \$150 allowance medically necessary \$20 copay	\$105 for elective \$210 for medically necessary
Single / Bifocal / Trifocal Lenses	\$20	\$30 / \$50 / \$65
Lenticular Lenses	\$20	\$100
Standard Lens Enhancements*		
UV Protection Coating	\$16	Not Available
Glass Tints	\$34 single vision \$44 multifocal	Not Available
Factory Applied Standard Scratch Resistance Coating	\$17	Not Available
Polycarbonate Lenses	\$31 single vision \$35 multifocal	Not Available
Anti-Reflective Coating	\$41	Not Available
Standard Progressive	Varies <sup>2</sup>	\$50
Other Add-Ons	Available at a discount	Not Available

<sup>1</sup> If an out-of-network provider is used, the charges for contact lens exam and fitting are combined with the charges for contacts and paid at the out-of-network allowance amount shown for contacts.

<sup>2</sup> Member cost for progressive lenses varies. The VSP doctor will be able to provide the patient with the exact amount they are responsible for.

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

## Monthly Vision Rates\*

Annual commitment required	
Individual	\$16.34
Individual + One	\$30.07
Individual + Family	\$44.94

\*Rates included on this brochure are subject to change at any time.

## Vision Provider Network

This plan includes the VSP® Choice Network, offering more than 70,000 access points at nearly 23,000 independent locations, and 16,000 retail chain access points at nearly 8,000 retail locations. When you utilize an in-network provider, you will receive additional discounts such as:



- 20% off remaining frame balance
- 20% off non-covered complete prescription glasses
- 20-25% off non-covered lens options such as UV coating & polycarbonate lenses
- 15% average off retail for LASIK or PRK laser eye correction, or 5% off promotional price, through a VSP provider

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. ID cards are not required – simply tell your vision provider that you have a plan administered by VSP or visit [vsp.com](http://vsp.com) to download an 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**.

Plan not available in FL, MD, MA, MT, NY, RI and WA. See separate brochure for Florida.

## 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. | PO Box 82520 | Lincoln, NE 68501-2520

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