PrimeStar® Vision

Individual vision insurance

Effective date 4/1/2026

Insurance plan details	Choice Vision VSP No waiting periods. No enrollment fees.		Select Vision EyeMed[1] No waiting periods. No enrollment fees.	
	In-network	**Out-of-network**	**In-network**	**Out-of-network**
Benefit frequencies	*Benefits can be applied to contacts OR frames during the benefit year.*		*Benefits can be applied to contacts AND frames during the benefit year, subject to benefit frequency.*	
Exam	Every 12 months		Every 12 months	
Eyeglass lenses or contacts	Every 12 months		Every 24 months	
Frames	Every 12 months		Every 24 months	
Deductible *Per person per year (based on date of service)*	$10 Exam $20 Eyeglass lenses and frames		$25 Exam $25 Eyeglass lenses	
Annual eye exam	Covered in full	Up to $45[2]	Covered in full	Up to $50
Lenses				
Single vision	Covered in full	Up to $30	Covered in full	Up to $50
Bifocal	Covered in full	Up to $50	Covered in full	Up to $75
Trifocal	Covered in full	Up to $65	Covered in full	Up to $100
Lenticular	Covered in full	Up to $100	Covered in full	Up to $75
Frames	Up to $150	Up to $70	Up to $130	Up to $70
Contacts[3]				
Elective	Up to $150	Up to $105	Up to $130	Up to $105
Fit & follow-up exam	Member cost up to $60	No benefit	$15	Up to $40
Lens options and coatings, member cost[4]				
Standard polycarbonate	$35	No benefit	$40	No benefit
Plastic solid tints & dyes (except pink I & II)	$15	No benefit	$15	No benefit
Scratch resistant	$17	No benefit	$15	No benefit
Standard anti-reflective coating	$41	No benefit	$45	No benefit
Ultraviolet	$16	No benefit	$15	No benefit

[1] *Select Vision EyeMed not available in MD.*
[2] *$65 annual out-of-network eye exam allowance in MD.*
[3] *Medically necessary contacts not available in TN and TX.*
[4] *Based on applicable laws, cost may vary by doctor location and material type. Costs are subject to change without notice.*

Monthly rates	Choice Vision VSP				Select Vision EyeMed			
	All other states	FL, MS	MN	CO, MI, NC	All other states	FL, MS	MN	CO, MI, NC
Policyholder	$16.34	$13.07	$10.10	$11.88	$10.67	$8.54	$6.15	$7.24
Policyholder plus one dependent	$30.07	$24.06	$18.26	$21.48	$19.63	$15.70	$11.46	$13.48
Policyholder plus two or more dependents	$44.94	$35.95	$26.96	$31.72	$29.34	$23.47	$16.83	$19.80

Not all plans or plan features are offered in all states.

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vsp vision care

Choice Vision (VSP) provider network

VSP offers the nation's largest network of independent providers. Find VSP network providers at vsp.com.

Retail locations. Retail chains accepting VSP insurance include Costco Optical*, Sam's Club, Visionworks and Walmart.

Online options. Policyholders can browse and buy eyewear online at eyeconic.com and get the most current deals. Eyeconic is in the VSP network, and their vision benefits are applied directly to their online order.

VSP savings. VSP provider discounts include 20% off the amount exceeding the retail frame allowance, 20-30% off additional prescription glasses and non-prescription sunglasses, and 30-40% off lens enhancements. A 15% discount is available on LASIK procedures.

**Not all providers at Costco locations are VSP network providers. Please verify that the provider is in the VSP network before seeking services. The frame allowance at some retailers may be less due to lower wholesale pricing.*

Access benefits. After the policyholder's coverage begins, they can create an account at ameritas.com to access their benefit information. Claims history can be accessed through a VSP account at vsp.com or the VSP app.

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)

Choice Vision (VSP) limitations and exclusions

This plan does not cover:

- Services and/or materials not specifically included in this Schedule as covered Plan Benefits,
- Plano lenses (lenses with refractive correction of less than plus or minus .50 diopter) except as specifically allowed in the frames benefit section below,
- Services or materials that are cosmetic, including Plano contact lenses to change eye color and artistically painted Contact Lenses,
- 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,
- Orthoptics or vision training and any associated supplemental testing,
- Medical or surgical treatment of the eyes,
- Contact lens modification, polishing or cleaning,
- The refitting of Contact Lenses after the initial 90-day filing period.
- Contact Lens insurance policies or service contracts.
- Additional office visits associated with contact lens pathology,
- Local, state and/or federal taxes, except where law requires us to pay,
- Membership fees for any retail center in which an Affiliate or Open Access provider office may be located. Covered persons may be required to purchase a membership in such entities as a condition of accessing Plan Benefits.

EyeMed

Select Vision (EyeMed) provider network

EyeMed offers one of the largest vision networks in the nation with a mix of independent providers and retail chains. Find EyeMed Access network providers at eyemed.com.

Retail locations. Retail chains accepting EyeMed insurance include LensCrafters, Pearle Vision and Target Optical.

Online options. Policyholders can browse and buy eyewear online. Glasses.com and ContactsDirect are in the EyeMed network, and their vision benefits are applied directly to their online order.

EyeMed savings. EyeMed provider discounts include 20% off the amount exceeding the retail frame allowance, materials not covered by the plan and additional prescription glasses. A 15% discount is available on LASIK procedures and the remaining contact lens balance.

Access benefits. After the policyholder's coverage begins, they can create an account at ameritas.com to access their benefit information. Claims history can be accessed through an EyeMed account at eyemed.com or the EyeMed app.

Contact Ameritas for billing, administration, ID card or network questions:
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Mon-Thurs 7 a.m. - 7 p.m., Fri 7 a.m. - 5:30 p.m. (CST)

Select Vision (EyeMed) limitations and exclusions

This plan has the following limitations.

- Vision examinations, lenses and frames more than the frequency as indicated on the plan summary page.
- This plan does not cover Medically Necessary Contact Lenses more than once in any 24-month period. The treating provider determines if an Insured meets the coverage criteria for this benefit as listed below. This benefit is in lieu of Elective Contact Lenses.
  - For Keratoconus where the patient is not correctable to 20/30 in either or both eyes using standard spectacle lenses.
  - Patients whose vision can be corrected two lines of improvement on the visual acuity chart when compared to best standard spectacle lens correction.
  - Anisometropia of 3D or more.
  - High Ametropia exceeding -10D or +10D in meridian powers.
- This plan does not cover Orthoptics or vision training and any associated testing.
- This plan does not cover Plano Lenses.
- This plan does not cover non-prescribed Lenses or sunglasses.
- This plan does not cover two pairs of glasses in lieu of Bifocals.
- This plan does not cover replacement of Lenses and Frames that are lost or broken outside of the normal coverage intervals.
- This plan does not cover medical or surgical treatment of the eyes or supporting structures.
- This plan does not cover services for claims filed more than one year after completion of the service. An exception is if the Insured shows it was not possible to submit the proof of loss within this period.
- This plan does not cover any procedure not listed on the Schedule of Eye Care Services.

Ameritas
fulfilling life

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

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