

PrimeStarSM 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

If you use an in-network provider, you are covered after paying the co-pay. If you use an out-of-network provider, this plan provides you with an allowance for each service and you are responsible for any cost above that amount.

Vision Services	In-Network Co-Pay	Out-of-Network Allowance
Eye Exam	\$10	\$45
Contact Lens Exam & Fitting	Up to \$60	\$0 ¹
Frames	\$0 with \$150 allowance	\$70
Contacts (in lieu of frames)	\$0 with \$150 allowance	\$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 ²	\$50
Other Add-Ons	Available at a discount	Not Available

¹ 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.

² Progressive copays will vary based on the patient's visual needs. The VSP doctor will be able to provide the patient with the exact copayment amount.

* 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

Vision Provider

This plan includes the VSP® Vision Care Network, offering more than 86,000 access points, including more than 37,000 doctors and 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

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 PrimeStar Choice Vision plan administered by VSP or visit 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 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.

Name
Title
Address
Address
Phone • Toll Free • Cell • Fax
E-mail
CA Insurance License #



This information is provided by Ameritas Life Insurance Corp. (Ameritas Life). Group dental, vision and hearing care products (9000 Rev. 03-16, dates may vary by state) and individual dental and vision products (Indiv. 9000 Ed. 07-16, dates may vary by state) are issued by Ameritas Life. Some plan designs are not available in all areas. Some states require that producers be appointed with Ameritas Life before soliciting its products.

Ameritas, the bison design, "fulfilling life" and product names designated with SM or ® are service marks or registered service marks of Ameritas Life, affiliate Ameritas Holding Company or Ameritas Mutual Holding Company. All other brands are property of their respective owners. © 2018 Ameritas Mutual Holding Company. © 2016 Vision Service Plan. All rights reserved. VSP is a registered trademark of Vision Service Plan.