

# PrimeStar<sup>®</sup> Select 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 Select 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 24 months<sup>◊</sup>, beginning day one

Vision Services	In-Network Co-Pay	Out-of-Network Allowance
Eye Exam	\$25	\$50
Contact Lens Exam & Fitting	\$15 (standard)	\$40
Frames	\$0 with \$130 allowance	\$70
Contacts (in lieu of frames)	\$0 with \$130 allowance medically necessary \$25 copay	\$105 for elective \$250 for medically necessary
Single / Bifocal / Trifocal Lenses	\$25	\$50 / \$75 / \$100
Lenticular Lenses	\$25	\$75
Standard Lens Enhancements*		
UV Protection Coating	\$15	Not Available
Glass Tints	\$15	Not Available
Factory Applied Standard Scratch Resistance Coating	\$15	Not Available
Polycarbonate Lenses	\$40	Not Available
Anti-Reflective Coating	\$45	Not Available
Standard Progressive	\$65	\$75
Other Add-Ons	Available at a discount	Not Available

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

<sup>◊</sup> In NM, frequency cannot exceed 12 months.

## Monthly Vision Rates\*

Annual commitment required	
Individual	\$10.67
Individual + One	\$19.63
Individual + Family	\$29.34

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

## Vision Provider Network

This plan includes the EyeMed Access Network, offering more than 103,000 access points, including more than 21,800 doctor locations and 6,200 retail locations. When you use an EyeMed Access Network provider, you will receive additional savings such as:



- 20% off remaining frame balance
- 40% off non-covered complete prescription glasses
- Special pricing on lens upgrades such as UV coating & polycarbonate lenses & 20% off non-covered materials
- 15% average off retail price for LASIK or PRK laser vision correction, or 5% off promotional price, at U.S. Laser Network locations

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. For the quickest access to providers, ID card, locations and more – download the EyeMed app today!

To search for providers, go to [eyemed.com](http://eyemed.com) and select the Access Network or call **866-289-0614**.

Plan not available in MA, MD, MT, NM, NY, RI, WA and the PA counties of Forest, Huntington, Montour and Sullivan.

## 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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