PrimeStar® Choice Vision

Individual vision insurance

- No waiting periods
- No enrollment fees

Plan details

	In-network	Out-of-network
Benefit frequencies		
Exam	Every 12 months	
Eyeglass lenses or contacts	Every 12 months	
Frames	Every 12 months	
Deductible	$10 Exam	
Per person per year (based on date of service)	$20 Eyeglass lenses or frames	
Annual eye exam	Covered in full	Up to $45
Lenses		
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
Frames	Up to $150	Up to $70
Contacts		
Elective	Up to $150	Up to $105
Fit & follow-up exam	Member cost up to $60	No benefit
Lens options and coatings, member cost*		
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.

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GR 7226 SK 9-22

Monthly rates	All Other States	FL, MS	MN
Policyholder	$16.34	$13.07	$10.10
Policyholder plus one dependent	$30.07	$24.06	$18.26
Policyholder plus two or more dependents	$44.94	$35.95	$26.96

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

Vision 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. Policyholders can 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. The laser vision correction discount can be used on LASIK or PRK 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)

Vision 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.

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.

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

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