PrimeStar® Select 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 24 months	
Frames	Every 24 months	
Deductible	$25 Exam	
Per person per year (based on date of service)	$25 Eyeglass lenses	
Annual eye exam	Covered in full	Up to $50
Lenses		
Single vision	Covered in full	Up to $50
Bifocal	Covered in full	Up to $75
Trifocal	Covered in full	Up to $100
Lenticular	Covered in full	Up to $75
Frames	Up to $130	Up to $70
Contacts		
Elective	Up to $130	Up to $105
Fit & follow-up exam	$15	Up to $40
Lens options and coatings, member cost*		
Std. polycarbonate	$40	No benefit
Tints & dyes (except pink I & II)	$15	No benefit
Scratch resistant	$15	No benefit
Anti-reflective	$45	No benefit
Ultraviolet	$15	No benefit

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

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GR 7225 SK 9-22

Monthly rates	All Other States	FL, MS	MN
Policyholder	$10.67	$8.54	$6.15
Policyholder plus one dependent	$19.63	$15.70	$11.46
Policyholder plus two or more dependents	$29.34	$23.47	$16.83

Plan not available in Maryland, Massachusetts, Montana, New Mexico, Rhode Island, Washington, and the Pennsylvania counties of Forest, Huntingdon, Montour and Sullivan.

Vision 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. Policyholders can take advantage of EyeMed provider discounts, including 20% off the remaining frame balance, materials not covered by the plan, and non-prescription sunglasses.

Policyholders can use their EyeMed laser vision correction discount for LASIK or PRK procedures.

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:

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 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.

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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