

# PrimeStar<sup>SM</sup> 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 <sup>1</sup>
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	Not Available
Factory Applied Standard Scratch Resistance Coating	\$17	Not Available
Polycarbonate Lenses	\$31	Not Available
Anti-Reflective Coating	\$41	Not Available
Standard Progressive	Varies <sup>2</sup>	\$50
Other Add-Ons	Available at a discount	Not Available

<sup>1</sup> 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.

<sup>2</sup> 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 Choice Network, offering more than 60,700 private practice access points, and an additional 11,400 access points at nearly 4,500 retail locations nationwide. When you utilize an in-network provider, you will receive additional discounts such as:



- 5-15% discount on laser vision correction, including LASIK
- 20% savings on frames, over the frame allowance
- 20-25% savings on lens enhancements
- Additional \$20 savings on featured frame brands
- 20% off additional glasses or sunglasses, within 12 months of vision exam
- Low vision supplemental testing and aids

### 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](http://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](http://vsp.com) or call **800-877-7195**

*Additional discounts not affiliated with the insurance policy and may not be available in all states.*

## Limitations and Exclusions

What is not covered?

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



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