PrimeStar℠ 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, beginning day one

If you choose to use an EyeMed provider, you are covered after paying the co-pay. If you choose to 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	$25	$50
Contact Lens Exam & Fitting	$15	$0†
Frames	$0 with $130 allowance	$70
Contacts (in lieu of frames)	$0 with $130 allowance	$105
Single / Bifocal / Trifocal Lenses	$25	$50 / $75 / $100
Lenticular Lenses	$25	Not available
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

† 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.

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

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Monthly Vision Rates

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

Vision Provider Network

This plan includes the EyeMed Vision Care Access Network, offering more than 80,100 access points at nearly 7,000 retail locations nationwide. When you use an EyeMed Access Network provider, you will receive additional savings such as:

- 40% off unlimited additional eyeglasses after initial benefit is exhausted
- 20% discount on remaining frame balance (once allowance has been applied) and 15% discount on any balance over the conventional contact lens allowance
- 5-15% savings on LASIK or PRK services through the US Laser Network

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** and select the Access Network or call **866-939-3633.**

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.

Contact name

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246 Bustleton Pike
Feasterville, PA 19053
215-613-4999

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