

# PrimeStar<sup>®</sup> Basic Vision

Individual vision insurance – Washington

• No waiting periods

• No enrollment fees

## Plan details

This plan gives policyholders the freedom to use any provider, with no network restrictions.

<b>Benefit frequencies</b>	
Exam	Every 12 months
Eyeglass lenses or contacts	Every 12 months
Frames	Every 24 months
<b>Deductible*</b>	
Per person per year (based on date of service)	\$10
Eyeglass materials	\$50
<b>Annual eye exam</b>	Up to \$50
<b>Lenses</b>	
Single vision	Up to \$40
Bifocal	Up to \$60
Trifocal	Up to \$70
Lenticular	Up to \$100
Progressive	Up to \$100
<b>Frames</b>	Up to \$65
<b>Contacts</b>	
Elective	Up to \$100
<b>Lens options and coatings, member cost</b>	
Std. polycarbonate	No benefit
Tints & dyes (except pink I & II)	No benefit
Photochromatic	No benefit
Scratch resistant	No benefit
Anti-reflective	No benefit
Ultraviolet	No benefit

\* Deductible is a combined \$50 per person per lifetime for frames and lenses (other than contact lenses). A maximum of three (3) individual deductibles per family shall apply to frames deductible.

Monthly rates	
Policyholder	\$9.66
Policyholder plus one dependent	\$18.74
Policyholder plus two or more dependents	\$26.08

## Vision 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.
- Examinations performed or frames or lenses ordered before the Insured was covered under this section.
- Any examination performed or frame or lens ordered after the Insured's coverage under this section ceases, subject to Extension of Benefits.
- Sub-normal vision aids; orthoptic or vision training or any associated testing.
- Non-prescription lenses.
- Replacement or repair of lost or broken lenses or frames except at normal intervals.
- Any eye examination or corrective eyewear required by an employer as a condition of employment.
- Medical or surgical treatment of the eyes.
- Any service or supply not shown on the Schedule of Eye Care Services.
- Coated lenses; oversize lenses (exceeding 71 mm); photo-gray lenses; polished edges; UV-400 coating and facets, and tints other than solid.

*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. | 5900 O Street Lincoln, NE 68510

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