

# PrimeStar<sup>®</sup> Vision

## Individual vision insurance – Washington

**Plan details** No waiting periods. No enrollment fees.

Freedom to use any provider, with no network restrictions.

### Benefit frequencies

Exam	Every 12 months
Eyeglass lenses or contacts	Every 12 months
Frames	Every 24 months

### Deductibles

Per person per year (based on date of service)	\$10 exam
Per person per lifetime*	\$50 eyeglass materials

### Annual eye exam

Per person per year (based on date of service)	Up to \$50
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### Eyeglasses

Single vision	Up to \$40
Bifocal	Up to \$60
Trifocal	Up to \$70
Lenticular	Up to \$100
Progressive	Up to \$100
Frames	Up to \$65

### Contacts

Elective	Up to \$100
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### Lens options & coatings, member cost

Standard 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

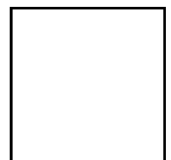
Effective date 4-24

### 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 an 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.



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

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