

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
- 30 Day Customer Satisfaction Guarantee



## OVERVIEW OF BENEFITS

» **Eye Exams** – once per year, beginning day one

» **Lenses & Frames or Contact Lenses** – once per year, beginning day one

If you choose to use an in-network 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	\$10	\$50
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
Single/Bifocal/Trifocal Lenses	\$20	\$50 / \$69 / \$85
Lenticular Lenses <sup>2</sup>	\$20	\$119

## STANDARD LENS ENHANCEMENTS<sup>2,3</sup>

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	\$55 for multifocal	\$69
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>In AZ, ID and NM, all of these enhancements, except Standard Progressive, are classified as Other-Add Ons and available at a discount.

<sup>3</sup>Standard Lens Enhancements co-pay applies to single and multi-focal vision lens enhancements with the exception of glass tints (\$44) and polycarbonate (\$35) which have higher multi-focal co-pays.

# PrimeStar Choice Vision Individual Insurance

## MONTHLY VISION RATES

Annual commitment required.

Individual	\$16.34
Individual + One	\$30.07
Individual + Family	\$44.94

## VISION PROVIDER

The network for PrimeStar Choice Vision is provided by VSP® Vision Care which offers a national network of 31,000 private practice doctors. 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. Additionally, 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.*

## PROUDLY BROUGHT TO YOU BY

## LIMITATIONS & EXCLUSIONS

The cost of replacement frames will not be covered, unless the existing frame is not compatible with the replacement lenses.

We will not pay or provide alternate benefits for any of the following:

1. Items, treatments or services: (a.) not listed as an eligible expense; (b.) not prescribed by or performed by or under the direct supervision of a vision provider; (c.) not visually necessary to restore or maintain a patient's visual acuity and health; (d.) not meeting the accepted standards of vision practice; (e.) experimental in nature; or (f.) covered under any other insurance policy providing vision care.
2. Orthoptic or vision training, subnormal vision aids, and any associated supplemental testing; Aniseikonic lenses.
3. Plano lenses and/or contact lenses (less than a  $\pm .50$  diopter power).
4. Non-prescription sunglasses.
5. Two pair of glasses in lieu of bifocals or trifocals.
6. Medical and/or surgical treatment of the eye, eyes, or supporting structures.
7. Any eye or vision examination, or any corrective eyewear, required as a condition of employment; Safety eyewear.
8. Replacement of lenses, frames or contacts furnished under this policy that are lost or broken, except at the normal intervals when services are otherwise available.
9. Corneal refractive therapy or orthokeratology.
10. Artistically painted contact lenses.
11. Additional office visits for contact lens pathology.
12. Contact lens modification, polishing or cleaning.
13. Services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof.
14. Services rendered after the date an Insured ceases to be covered under the policy, except when vision materials ordered before coverage ended are delivered, and the services rendered to the Insured are within 31 days from the date of such order.
15. Charges for service agreements or insurance policies.
16. Charges for sterilization of equipment; disposal of medical waste or other requirements mandated by OSHA or other regulatory agencies.
17. Telephone consultations, charges for failure to keep a scheduled appointment, or charges for completion of a claim form.
18. Codes that are by report.
19. Ancillary charges, including but not limited to, hospital, ambulatory surgical center or similar facility; or use of provider office space.

Benefits are limited as follows: In the event you transfer from the care of one vision provider to that of another during the course of treatment, or if more than one vision provider performs services for one eligible expense, we shall be liable for not more than the amount we would have been liable for had but one vision provider performed the service.

### Not available in AK, CO, FL, MD, MA, NY, VA and WA.

This provides a very brief description of some of the important features of the insurance policy. It is not the insurance policy and does not represent it. A full explanation of benefits, exceptions and limitations is contained in Individual Vision Policy Form IP3000 (and any state specific). This policy is renewable at the option of the insured. This product may not be available in all states and is subject to individual state regulations. For the Outline of Coverage and Replacement Notice, visit [SecurityLife.com/Forms](http://SecurityLife.com/Forms)

©2015 Security Life Insurance Company of America  
10901 Red Circle Drive, Minnetonka, MN 55364

©2015 Vision Service Plan. All rights reserved. VSP is a registered trademark of Vision Service Plan.

**SecurityLife.com | 800.328.4667**