PrimeStar® Select Vision

Individual vision insurance

No waiting periods

• No enrollment fees

Plan details

	In-network	Out-of-network
Benefit frequencies		
Exam	Every 12 months	
Eyeglass lenses or contacts	Every 24 months	
Frames	Every 24 months	
Deductible	\$25 Exam	
Per person per year (based on date of service)	\$25 Eyeglass lenses	
Annual eye exam	Covered in full	Up to \$50
Lenses		
Single vision	Covered in full	Up to \$50
Bifocal	Covered in full	Up to \$75
Trifocal	Covered in full	Up to \$100
Lenticular	Covered in full	Up to \$75
Frames	Up to \$130	Up to \$70
Contacts		
Elective	Up to \$130	Up to \$105
Fit & follow-up exam	\$15	Up to \$40
Lens options and coatings, member cost*		
Std. polycarbonate	\$40	No benefit
Tints & dyes (except pink I & II)	\$15	No benefit
Scratch resistant	\$15	No benefit
Anti-reflective	\$45	No benefit
Ultraviolet	\$15	No benefit

 $^{^{\}ast}$ Based on applicable laws, reduced costs may vary by doctor location.





PrimeStar® Choice Vision

Individual vision insurance

• No waiting periods

• No enrollment fees

Plan details

	In-network	Out-of-network
Benefit frequencies		
Exam	Every 12 months	
Eyeglass lenses or contacts	Every 12 months	
Frames	Every 12 months	
Deductible	\$10 Exam	
Per person per year (based on date of service)	\$20 Eyeglass lenses or frames	
Annual eye exam	Covered in full	Up to \$45
Lenses		
Single vision	Covered in full	Up to \$30
Bifocal	Covered in full	Up to \$50
Trifocal	Covered in full	Up to \$65
Lenticular	Covered in full	Up to \$100
Frames	Up to \$150	Up to \$70
Contacts		
Elective	Up to \$150	Up to \$105
Fit & follow-up exam	Member cost up to \$60	No benefit
Lens options and coatings, member cost*		
Std. polycarbonate	\$31-\$35	No benefit
Tints & dyes (except pink I & II)	\$34-\$44	No benefit
Scratch resistant	\$17	No benefit
Anti-reflective	\$41	No benefit
Ultraviolet	\$16	No benefit

 $^{^{\}star}\,\mbox{Based}$ on applicable laws, reduced costs may vary by doctor location.



