

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
- 30 Day Customer Satisfaction Guarantee



## OVERVIEW OF BENEFITS

- » **Eye Exams** – once per year, beginning day one
- » **Lenses & Frames or Contact Lenses** – once every two years, 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	\$0

## LENS ENHANCEMENTS

UV Coating	\$15	Not Available
Glass Tints	\$15	Not Available
Standard Scratch Resistance	\$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

# PrimeStar **Select Vision** Individual Insurance

## MONTHLY VISION RATES

Annual commitment required.

Individual	\$10.67
Individual + One	\$19.63
Individual + Family	\$29.34



## VISION PROVIDER

EyeMed has a national network of 78,000 vision care providers with a broad selection of choices – from independent providers to major retail chains. When you utilize 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 you providers, ID card, locations and more - download the EyeMed app today!

To search for providers, go to **EyeMed.com** – 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.*

## 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, NH, NJ, NM, NY, PA, 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)

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