
Coverage: **Individual**
ZIP Code: **77089**

Agent

CONSTANCE FAUCETT JOHNS
CFAUCETTJOHNS@MYHST.COM
(630) 261-3000

[Check out the plans!](#)

Vision Plans

\$10.67/mo

PrimeStar® Select Vision

\$16.34/mo

PrimeStar® Choice Vision

Plan Details

Eye Exam

Deductible \$25*

Eyeglass Materials

Deductible \$25**

Eye Exam

Deductible \$10*

Eyeglass Materials

Deductible \$20**

Benefits

Exam

Every 12 months

Eyeglass Lenses or Contacts

Every 24 months

Exam

Every 12 months

Eyeglass Lenses or Contacts

Every 12 months

Frames

Every 24 months

Frames

Every 12 months

Additional Details

Waiting Periods

none

Waiting Periods

none

Network

EyeMed Access

Network

VSP Choice

Eye Exam

In-network

Covered in full

In-network

Covered in full

Out-of-network

Up to \$50

Out-of-network

Up to \$45

Eyeglass Materials

Frames

In-network

Up to \$130

Frames

In-network

Up to \$150

Out-of-network

Up to \$70

Out-of-network

Up to \$70

Single Vision

In-network

Covered in full

Single Vision

In-network

Covered in full

Out-of-network

Up to \$50

Out-of-network

Up to \$30

Bifocal

Bifocal

In-network

Covered in full

Out-of-network

Up to \$75

Trifocal**In-network**

Covered in full

Out-of-network

Up to \$100

Lenticular**In-network**

Covered in full

Out-of-network

Up to \$75

Contacts

Elective**In-network**

Up to \$130

Out-of-network

Up to \$105

Medically Necessary**In-network**

Not Covered

In-network

Covered in full

Out-of-network

Up to \$50

Trifocal**In-network**

Covered in full

Out-of-network

Up to \$65

Lenticular**In-network**

Covered in full

Out-of-network

Up to \$100

The frames benefit has a combined \$20 deductible with lenses.

Elective**In-network**

Up to \$150

Out-of-network

Up to \$105

Medically Necessary**In-network**

Not Covered

Out-of-network

Not Covered

Out-of-network

Not Covered

Fit & follow-up exam

In-network

Member cost of \$15

In-network

Member cost up to \$60

Out-of-network

Up to \$40

Out-of-network

No benefit

Lens Options and Coatings, Member Cost

Std. polycarbonate

In-network

\$40

Std. polycarbonate

In-network

\$31 - \$35

Out-of-network

No benefit

Out-of-network

No benefit

Tints & dyes (except pink I & II)

In-network

\$15

Tints & dyes (except pink I & II)

In-network

\$34 - \$44

Out-of-network

No benefit

Out-of-network

No benefit

Scratch resistant

In-network

\$15

Scratch resistant

In-network

\$17

Out-of-network

No benefit

Out-of-network

No benefit

Anti-reflective

Anti-reflective

In-network
\$45

Out-of-network
No benefit

Ultraviolet

In-network
\$15

Out-of-network
No benefit

Based on applicable laws, reduced cost may vary by doctor location.

In-network
\$41

Out-of-network
No benefit

Ultraviolet

In-network
\$16

Out-of-network
No benefit

Based on applicable laws, reduced cost may vary by doctor location.

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

This provides a brief description of some of the important plan features. It is not the insurance policy and does not represent it. A full explanation of benefits, exceptions and limitations can be found on the website. Plan design and rates are subject to change at any time. Certain plans may not be available in all states and are subject to individual state regulations.