

ZIP Code: **97123**

Coverage: **Applicant**

Effective Date: **5/1/2015**

Email: **N/A**

Agent Info: **Christopher Wayne Goodbaudy , (503) 297-8401 (SLAP9TPM)**

## PrimeStar Vision Plans:

[Complete Your Enrollment](#)

### PrimeStar Select Vision

- No waiting periods
- Exams (once per year)
- Lenses & Frames or Contact Lenses (once every two years)
- No Enrollment Fee

Vision Exams Plan Pays Day 1 100%
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Lenses & Frames OR Contact Lenses Plan Pays Day 1 100%
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Calendar Year Deductible \$0 per person
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**\$10.67/mo**

### PrimeStar Choice Vision

- No waiting periods
- Exams (once per year)
- Lenses & Frames or Contact Lenses (once every two years)
- No Enrollment Fee

Vision Exams Plan Pays Day 1 100%
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Lenses & Frames OR Contact Lenses Plan Pays Day 1 100%
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Calendar Year Deductible \$0 per person
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**\$16.34/mo**

## PrimeStar Dental Plans:

[Complete Your Enrollment](#)

### Advantage Network

- Freedom to use any dentist or utilize a MaxCare provider for the greatest savings
- Optional vision coverage available\*\*
- \$1,000 Maximum Benefit Amount for Preventive, Basic & Major Services combined. Major services will not exceed \$500.
- No Enrollment Fee

Exams, Cleanings Preventive 100%
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Fillings, X- Rays Basic upto 65%
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Crowns, Bridges Major upto 50%
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**\$24.03/mo**

+ \$5.35/mo Upgrade to \$2,000 Maximum Benefit Amount\*

+ \$7.00/mo Optional Vision Coverage

### Advantage Plus

- Freedom to use any dentist or utilize a MaxCare provider for the greatest savings
- Optional vision coverage available\*\*
- \$1,000 Maximum Benefit Amount for Preventive, Basic & Major Services combined. Major services will not exceed \$500.
- Orthodontic coverage included
- No Enrollment Fee

Exams, Cleanings Preventive 100%
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Fillings, X- Rays Basic upto 80%
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Crowns, Bridges Major upto 50%
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**\$40.62/mo**

+ \$9.16/mo Upgrade to \$2,000 Maximum Benefit Amount\*

**+\$7.00/mo Optional Vision Coverage**

Rates shown are guaranteed only through the effective date listed above.

This provides a very brief description of some of the important features of this insurance policy. It is not the insurance policy and does not represent it. A full explanation of benefits, exceptions and limitations is contained in the Individual Dental Policy Form IP1000 (and state specifics) and Vision Rider IPR1001 (and state specifics), or One Life Group Dental Policy that may be issued to the group trust, GH-1112 (and any state specific) and Vision Rider GHR-1112 (vision) (and any state specific). Premium rates may change upon renewal. This policy is renewable at the option of the insured (IP1000) or the Company (GH-1112). This product may not be available in all states and is subject to individual state regulations.

\*A higher Maximum Benefit Amount will increase your premium

\*\*Available at an additional cost

Underwritten by Security Life Insurance Company of America | 10901 Red Circle Drive, Minnetonka MN 55343

**OUTLINE OF COVERAGE  
INDIVIDUAL VISION INSURANCE  
LIMITED BENEFITS  
POLICY FORM IP3000**

**1. Read Your Policy Carefully** - This outline of coverage provides a very brief description of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth, in detail, the rights and obligations of both you and your insurance Company. It is, therefore, important that you **READ YOUR POLICY CAREFULLY!**

**2. Limited Benefits Insurance Coverage** – This policy is designed to provide you with vision coverage. Coverage is provided for the benefits outlined in paragraph (3). The benefits described in paragraph (3) may be limited by the exclusions shown in the coverage schedule.

**3. Coverage -**

**Vision Exam Benefit**

The Company will pay the benefit shown in the coverage schedule for a **vision exam** performed by a **vision provider**. Services must be received while the **insured's** coverage is in force.

**Lenses and Frames Benefit**

The Company will pay the benefit shown in the coverage schedule for lenses (prescribed by a **vision provider**) and frames. The lenses and frames must be ordered while the **insured's** coverage is in force.

**Contact Lens Exam and Fitting and Contact Lenses Benefit**

The Company will pay the benefit shown in the coverage schedule for a contact lens exam and fitting and contact lenses that are provided in lieu of lenses and frame benefits. The contact lens exam and fitting must be received while the **insured's** coverage is in force. The contact lenses must be ordered while the **insured's** coverage is in force.

Plans may be offered with or without a preferred provider organization, please refer to your Insurance Policy for details.

**4. Rate adjustments** - Rate adjustments can occur at periodic intervals and are generally based on the experience, subject to prior approval by the appropriate regulatory agency, if required.