



# Vision Comparison

Company	Ameritas	Anthem	National Care Dental
A.M.Best Rating	A	A	A
Plan	Prime Star Choice	Blue View Enhanced	Preferred Plan
Plan Type	PPO	PPO	PPO
Issue Age	18+	0+	18+
Eye Exam	\$10 Deductible 100% every 12 months	\$10 copay every 12 months	\$20 copay every 12 months
Lenses	\$20 Deductible Up to 100% every 12 months	Varying copays every 12 months	Covers 100% after \$25 copay
Frames	\$20 Deductible Up to \$150 every 12 months	\$150 Allowance every 12 months	\$200 Allowance every 12 months \$220 Allowance on Featured Name Brands
Contacts (In lieu of glasses)	Up to \$150 every 12 Months	\$150 Allowance every 12 Months	\$150 allowance every 12 months
Network	VSP	Blue View Vision	VSP
Key Points	Largest network	Child only coverage available	Largest Frame Allowance

States Covered: Missouri Version 2. Updated 7.28.2023

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