

Vision Benefits Created With You in Mind

Vision Elect plan



Student Health & Special Risk

Whether studying on your computer, or attending a lecture, your vision health is important to your educational success. But maintaining your vision can be costly, and you don't have room in your budget for extra expenses.

Choose a vision insurance plan that gives you great benefits on a budget.

Vision provider network

EyeMed offers one of the largest vision networks in the nation with a mix of independent providers and retail chains. Find EyeMed Access network providers at eyemed.com.

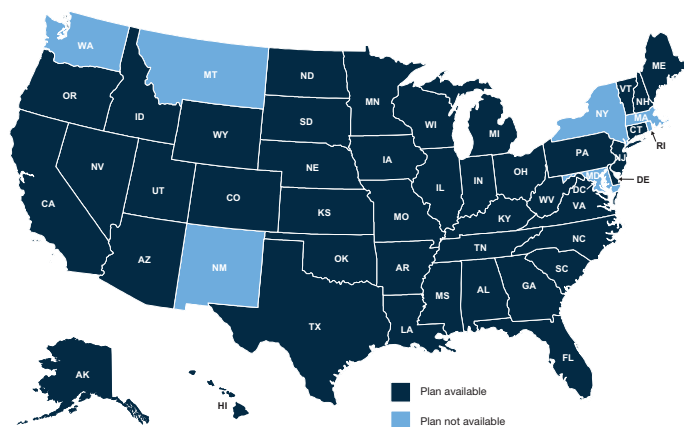


Retail locations. Retail chains accepting EyeMed insurance include LensCrafters, Pearle Vision and Target Optical.

Online options. Browse and buy eyewear online. Glasses.com and ContactsDirect are in the EyeMed network, and your vision benefits are applied directly to your online order.

EyeMed savings. Take advantage of EyeMed provider discounts, including 20% off the remaining frame balance, materials not covered by the plan, and non-prescription sunglasses.

Have you always dreamed of better vision without glasses or contacts? Make your dream a reality by using your EyeMed laser vision correction discount for LASIK or PRK procedures.



In PA, the plan is not available in the counties of Forest, Huntingdon, Montour, and Sullivan.

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		
Per person per year (based on date of service)	\$15 Exam	\$25 Eyeglass materials
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

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

Access your benefits

After your coverage begins, create an account at ameritas.com to access your benefit information. Claims history can be accessed through an EyeMed account at eyemed.com or the EyeMed app.



Monthly rates	FL, MN, MS	All other states
Policyholder	\$8.78	\$10.98
Policyholder plus one dependent	\$16.16	\$20.20
Policyholder plus two or more dependents	\$24.15	\$30.19

This plan is not available in Maryland, Massachusetts, Montana, New Mexico, New York, Rhode Island, Washington, and the Pennsylvania counties of Forest, Huntingdon, Montour, and Sullivan.

Below is an example of what you would pay for new eyeglasses if visiting an in-network provider:

Service	Cost without insurance	EyeMed insurance covers	You pay
Eye exam	\$154	\$139	\$15
Single vision lenses	\$86	\$61	\$25
Frame	\$200	\$130	\$56*
Total	\$440	\$330	\$96

* after 20% EyeMed discount

In this example, you would pay \$96 for new eyeglasses!

Plan overview:

Get an eye exam every 12 months and new glasses or contacts every 24 months! Year-round enrollment available.

Our easy enrollment was built with the busy student in mind. Here are the 5 easy steps to getting enrolled:

1. Visit GallagherStudent.com/vision
2. Select your institution
3. Choose your preferred plan
4. Enter your personal information
5. Submit payment

Vision limitations and exclusions

This plan has the following limitations.

- Vision examinations, lenses and frames more than the frequency as indicated on the plan summary page.
- This plan does not cover Medically Necessary Contact Lenses more than once in any 24-month period. The treating provider determines if an Insured meets the coverage criteria for this benefit as listed below. This benefit is in lieu of Elective Contact Lenses.
 - For Keratoconus where the patient is not correctable to 20/30 in either or both eyes using standard spectacle lenses.
 - Patients whose vision can be corrected two lines of improvement on the visual acuity chart when compared to best standard spectacle lens correction.
 - Anisometropia of 3D or more.
 - High Ametropia exceeding -10D or +10D in meridian powers.
- This plan does not cover Orthoptics or vision training and any associated testing.
- This plan does not cover Plano Lenses.
- This plan does not cover non-prescribed Lenses or sunglasses.
- This plan does not cover two pairs of glasses in lieu of Bifocals.
- This plan does not cover replacement of Lenses and Frames that are lost or broken outside of the normal coverage intervals.
- This plan does not cover medical or surgical treatment of the eyes or supporting structures.
- This plan does not cover services for claims filed more than one year after completion of the service. An exception is if the Insured shows it was not possible to submit the proof of loss within this period.
- This plan does not cover any procedure not listed on the Schedule of Eye Care Services.

This brochure highlights the vision coverage available through Ameritas Life Insurance Corp. Please refer to the Certificate of Insurance for a complete list of covered procedures.

There is a 12 month waiting period for re-enrollment once a policy is canceled.

This insurance will not automatically terminate once you leave school or graduate. You must contact the policy administrator at 855-672-3232 (option 3) to terminate this coverage.



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

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