

Vision Benefits Created With You in Mind

VisionElect 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

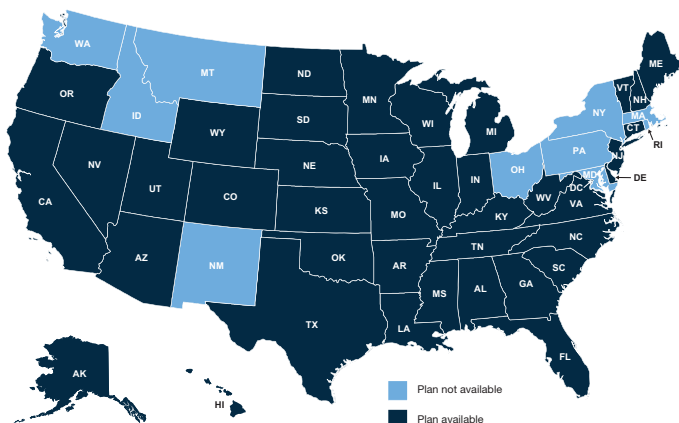


This plan includes the EyeMed Access Network, offering more than 103,000 access points, including more than 21,800 doctor locations and 6,200 retail locations. When you use an EyeMed Access Network provider, you will receive additional savings such as:

- 20% off remaining frame balance
- 40% off non-covered complete prescription glasses
- Special pricing on lens upgrades such as UV coating & polycarbonate lenses & 20% off non-covered materials
- 15% average off retail price for LASIK or PRK laser vision correction, or 5% off promotional price, at U.S. Laser Network locations

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

To search for providers, go to eyemed.com and select the Access Network or call 866-289-0614.



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

VisionElect Design

	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 benefit period	\$15 Exam \$25 Eyeglass lenses	
Annual Eye Exam	100%	Up to \$50
Lenses		
Single vision	100%	Up to \$50
Bifocal	100%	Up to \$75
Trifocal	100%	Up to \$100
Lenticular	100%	Up to \$75
Progressive	\$65	Up to \$75
Frames	Up to \$130	Up to \$70
Contacts		
Elective	Up to \$130	Up to \$105
Standard fit & follow-up	Up to \$15	Up to \$40
Lens Options and Coatings, Member Cost		
Std. polycarbonate	\$40	No coverage
Solid Plastic Dye, Plastic GradGradient Dye, Tint, UV Coating	\$15	No coverage
Photochromatic	No coverage	No coverage
Scratch resistant	\$15	No coverage
Anti-reflective	\$45	No coverage

Monthly Rates

Individual	\$10.98
Individual + 1	\$20.20
Family	\$30.19

Florida Rates

Individual	\$8.78
Individual +1	\$16.16
Family	\$24.15



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

Limitations and Exclusions

What is not covered?

Covered expenses will not include and no benefits will be payable for:

- Vision examinations, lenses and frames more than the frequency as indicated on the plan summary page.
- Orthoptics or vision training and any associated supplemental testing.
- Plano lenses (lenses with refractive correction of less than plus or minus .50 diopter) except as specifically allowed in the frames benefit section of the Plan Benefits.
- Two pairs of glasses in lieu of bifocals.
- Replacement of spectacle lenses, frames, and/or contact lenses furnished under this plan that are lost or damaged, except at the normal intervals when services are otherwise available.
- Medical or surgical treatment of the eyes.
- A service which is not listed under the Schedule of Eye Care Services found in the certificate. Members pay costs exceeding plan benefits.

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 cancelled.



This is not a certificate of insurance or guarantee of coverage. Plan designs may not be available in all areas and are subject to individual state regulations. In Texas, our dental network and plans are referred to as the Ameritas Dental Network. This information is provided by, and individual dental, vision and hearing care products (Indiv. 9000 Rev. 07-16, dates may vary by state) are issued by Ameritas Life Insurance Corp. Ameritas, the bison design, "fulfilling life" and product names designated with SM or ® are service marks or registered service marks of Ameritas Life, affiliate Ameritas Holding Company or Ameritas Mutual Holding Company. All other brands are property of their respective owners. © 2019 Ameritas Mutual Holding Company.

