

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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