Cornell University students and dependents may enroll in an optional vision insurance plan that has been tailored to fit their needs. This plan, offered through Ameritas Life Insurance Corp. of New York, provides exam and materials coverage and access to the EyeMed eye doctor network, with more than 58,000 providers nationwide at 25,000 locations.
See the Benefits of Vision Insurance

Good vision health is important to overall health, academic success, and your quality of life. Cornell University is pleased to offer students and dependents the option of enrolling in this vision insurance plan.

The Ameritas of New York ViewPointe™ vision insurance plan provides benefits for annual exam and vision care materials, such as glasses and contacts. In addition, the plan offers access to EyeMed's eye doctor network (visit www.eyemedvisioncare.com). Regular eye exams can detect eye health problems and medical conditions such as high blood pressure, diabetes, kidney problems and certain cancers. Many new blindness cases each year can be cured or prevented with early detection. Statistics show that having vision insurance, like this affordable plan from Ameritas of New York, encourages regular eye exams and preventive care.

Eligibility

You must be a registered Cornell University student to enroll in this vision plan. To enroll dependents (spouse, domestic partner, children), you must be enrolled. Students who were registered in the fall semester may not purchase coverage for the spring semester only.

Enroll Today!

Just complete the on-line application form on the Vision Enrollment website https://www.studenthealthbenefits.cornell.edu/secure/enroll_vision/

After returning the application form, please allow at least ten days for Ameritas of New York's enrollment systems to update before scheduling a vision care appointment. Prior to this time, you may not appear as an insured member of the plan.

Fall deadline: 10/31/2015
New Spring entrants only deadline: 2/28/2016
Late registrants: 30 days after registration
Premiums termination date: 8/16/2016

Please visit ameritas.com for additional associated benefits.

To protect your privacy when visiting vision care providers, please use your student ID (including leading zeroes) instead of your social security number.

Please note that all out-of-network claims must be submitted in writing to EyeMed within 90 days of the date of service. If this is impossible for any reason, the claim(s) must be filed as soon as reasonably possible.
vision plan highlights

<table>
<thead>
<tr>
<th>Service</th>
<th>Benefits with EyeMed Doctor</th>
<th>Maximum Covered Expense with Non EyeMed Doctor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Exam</td>
<td>100% Covered After Deductible</td>
<td>$ 35.00 ****</td>
</tr>
<tr>
<td>Frame</td>
<td>$100.00 **</td>
<td>$ 45.00 ****</td>
</tr>
<tr>
<td>Single Lenses</td>
<td>100% Covered</td>
<td>$ 25.00 per pair ****</td>
</tr>
<tr>
<td>Bifocal Lenses</td>
<td>100% Covered</td>
<td>$ 40.00 per pair ****</td>
</tr>
<tr>
<td>Trifocal Lenses</td>
<td>100% Covered</td>
<td>$ 55.00 per pair ****</td>
</tr>
<tr>
<td>Lenticular Lenses</td>
<td>20% Discount</td>
<td>No Benefit</td>
</tr>
<tr>
<td>Contact Lenses Necessary ***</td>
<td>100% Covered</td>
<td>$ 200.00 per pair ****</td>
</tr>
<tr>
<td>Contact Lenses Elective ***</td>
<td>$80.00 per pair</td>
<td>$ 64.00 per pair ****</td>
</tr>
</tbody>
</table>

Frequency Allowance
Exam benefit allowed once in a 12-month period
Lens benefit allowed once in a 12-month period
Frames benefit allowed once in a 12-month period
Contact Lens benefit allowed once in a 12-month period

Please Note: Either a lens and frame benefit OR a contact lens benefit is covered once in a 12-month period.

This vision plan provides, on average, a 15% discount off retail price or 5% off promotional price on plan approved laser assisted in-situ keratomileusis (LASIK) and photorefractive keratectomy (PRK) laser surgery when coordinated by an EyeMed panel doctor and performed at a contracted laser surgery center.

* Patient is responsible for $10.00 annual deductible on exam and $0.00 annual deductible on materials.
** EyeMed provides a $100.00 allowance toward a new frame. If the member chooses a frame valued at more than the plan’s allowance, you will receive a 20% discount on the amount over your frame allowance.
*** When contact lenses are selected:
1. The insured is eligible for an exam and contact lenses. Other limitations and provisions of the policy will apply.
   The benefit for the examination will be reimbursed as shown above.
2. The lens and frame benefit will not be available for the remainder of the current benefit period.
   See Limitations and Exclusions for a list of services not covered.
3. Contact lenses are defined as medically necessary if the individual is diagnosed with a medical condition that requires contacts instead of glasses to correct vision. See limitations and exclusions for specific details.
**** Patient pays remainder.

To ensure you receive the full network benefit, remember to present your Vision ID card when visiting an EyeMed provider.
To find an EyeMed vision care provider in your area, please visit the Cornell University Office of Student Health Insurance website at www.studentinsurance.cornell.edu.

<table>
<thead>
<tr>
<th>Premiums</th>
<th>Annual Rates</th>
<th>Spring Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
<td>$148</td>
<td>$96</td>
</tr>
<tr>
<td>Spouse/Domestic Partner</td>
<td>Additional $133</td>
<td>Additional $89</td>
</tr>
<tr>
<td>One or more children</td>
<td>Additional $89</td>
<td>Additional $61</td>
</tr>
</tbody>
</table>

Annual rates are effective for the time period 8/17/2015 – 8/16/2016.
Spring rates are effective for the time period 1/16/2016 – 8/16/2016.
Plan Limitations and Exclusions

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

1. vision examinations more than the frequency as indicated on the plan summary page.
2. lenses more than the frequency as indicated on the plan summary page.
3. frames more than the frequency as indicated on the plan definition page.
4. contact lenses more than once in any twelve month period. When chosen, contact lenses shall be in lieu of any other lens benefit during the twelve month period. When eyeglass lenses are chosen, expenses for contact lenses are not Covered Expenses during the twelve month period.
5. contacts limited to the amount shown on the plan summary page unless they are medically necessary. Contact lenses are defined as medically necessary if the individual is diagnosed with one of the following conditions:
   a. keratoconus where the patient is not correctable to 20/30 in either or both eyes using standard spectacle lenses.
   b. high Ametropia exceeding -12 D or +9 D in spherical equivalent.
   c. anisometropia of 3 D or more.
   d. patients whose vision can be corrected two (2) lines of improvement on the visual acuity chart when compared to best corrected standard spectacle lenses.

If the member is diagnosed with a medically necessary condition, the Provider will submit a request for pre-authorization to EyeMed. The Medical Director reviews all requests for medically necessary contact lenses. If approved, the member will be covered for medically necessary contact lenses up to the plan allowance. Such payment is limited to once in any twelve month period and is in lieu of lens benefits under this proposal.

6. orthoptics or vision training and any associated testing.
7. plano non-prescription lenses and non-prescription sunglasses (except for 20% discount).
8. two pairs of glasses in lieu of bifocals (does not apply to Secondary Discounts).
9. lenses and frames which are lost or broken, except at the normal intervals when services are otherwise available.
10. medical and/or surgical treatment of the eye, eyes, or supporting structures.
11. services for which a claim is filed more than 1 year after completion of the service.
12. for any procedure not listed on the Schedule of Vision Services.

This brochure is a benefit highlight, not a certificate of insurance. The coverage outlined here highlights the vision benefits available through Ameritas Life Insurance Corp. of New York.

Premium refund policy – Any student withdrawing from Cornell University during the first 31 days of the period for which coverage is purchased will not be considered covered under the Policy and will receive a full refund of the paid premium unless a claim is paid. Students withdrawing after 31 days will remain covered under the Policy for the full period for which premium has been billed and no refund will be allowed.