

Vision Benefits

Benefits are provided by EyeMed Vision Care

The State of Nebraska offers the choice of two vision insurance plans to eligible full-time and part-time employees through EyeMed Vision Care. You may elect to cover yourself and eligible dependents. All premiums are paid through pre-tax, payroll deductions. If you are a new plan participant, EyeMed will mail you an insurance ID card upon enrollment. For more details about the vision benefits offered through EyeMed, including in-network and out-of-network benefits, go to the Wellness & Benefits Resources page located at www.link.nebraska.gov.

State of Nebraska employees who elect the vision insurance plan have access to the EyeMed ACCESS network of providers. Through this network, you will find both private practitioners and national optical retailers. To find a provider, you can:

- Go to www.eyemedvisioncare.com
- Call EyeMed at 877-861-3459

Monthly Vision Plan Premiums

	Basic Option	Premium Option
Employee Only (Single Coverage)	\$5.16	\$7.98
Employee + Spouse (Two-Party Coverage)	\$8.28	\$12.78
Employee + Dependent Children (Four-Party Coverage)	\$8.44	\$13.04
Employee + Spouse + Dependent Children (Family Coverage)	\$13.58	\$21.00

EyeMed Vision Care Summary of In-Network Coverage

	Basic Option	Premium Option
Exam	\$10 copay	\$10 copay
Frames	80% over \$105	80% over \$120
Lenses		
<ul style="list-style-type: none"> • Single, Bifocal, Trifocal, Standard Progressive • Premium Progressive 	\$10 copay \$75 copay plus (80% of charge less \$120)	\$10 copay \$75 copay plus (80% of charge less \$120)
Contact Lenses		
<ul style="list-style-type: none"> • Conventional • Disposable 	85% over \$105 100% over \$105	85% over \$130 100% over \$130
Frequency		
<ul style="list-style-type: none"> • Exam • Frames • Prescription Lenses • Contact Lenses 	Every 12 months Every 24 months Every 24 months Every 24 months	Every 12 months Every 12 months Every 12 months Every 12 months

LEGAL DISCLAIMER: Member will receive a 20% discount on items not covered by the plan at network Providers, which may not be combined with any other discounts or promotional offers, and the discount does not apply to EyeMed Provider's professional services, or contact lenses. Retail prices may vary by location. Allowances are one-time use benefits; no remaining balance. Members also receive a 40% discount off complete pair eyeglass purchases and a 15% discount off conventional contact lenses once the funded benefit has been used. The plan design is offered with the EyeMed Access panel of providers. Limitations and exclusions apply. Insured plans are underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri except in New York. Fidelity Security Life Policy Number VC-19/VC-20 form number M-9083.