



Vision Benefits

Benefits are provided by EyeMed Vision Care

State of Nebraska employees who elect vision benefits will enjoy the advantage of America's largest vision care network, comprised of independent providers and top optical retailers. This means you get access to more convenient evening and weekend hours to fit anyone's schedule.

Employees can choose from two vision plans – Basic or Premium. All premiums are paid through pre-tax, payroll deductions. New participants will receive an insurance ID card from EyeMed upon enrollment however an ID card is not needed to obtain benefits.

Accessing your vision care benefit is easy:

- Find a provider near you by logging into EyeMed.com and selecting the Insight Network to schedule an appointment with a simple phone call or stop by one of the many retail providers who offer walk-in appointments.
- When out on the EyeMed portal or if you are in the EyeMed app, make sure to check out the special offers tab to see if any of the value added benefits listed could boost your current vision benefits with additional savings.

NOTE: Vision benefits are available once every Plan Year.

2020-21 Plan Year

Just as a reminder, **Insight Network** is the network you choose when searching for an in-network provider.

Monthly Vision Plan Premiums

	Basic Option	Premium Option
Employee Only (Single Coverage)	\$5.34	\$8.30
Employee + Spouse (Two-Party Coverage)	\$8.58	\$13.28
Employee + Dependent Children (Four-Party Coverage)	\$8.76	\$13.52
Employee + Spouse + Dependent Children (Family Coverage)	\$14.10	\$21.84

EyeMed Vision Care Summary of In-Network Coverage (Member Cost)

	Basic Option	Premium Option
Exam	\$10 copay Every 12 months	\$10 copay Every 12 months
Frames	80% over \$105 Every 24 months	80% over \$120 Every 12 months

Benefits:

You can choose from prescription lenses **OR** contact lenses each 12 or 24 months depending on the frequency of your chosen plan option.

Prescription Lenses

- Single, Bifocal, Trifocal
- Standard Progressive Lens
- Premium Progressive Lens

Every 24 months

\$10 copay
\$75 copay
Copays vary

Every 12 months

\$10 copay
\$75 copay
Copays vary

Contact Lenses

- Conventional
- Disposable

Every 24 Months

85% over \$105
100% over \$105

Every 12 months

85% over \$130
100% over \$130

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.