



Vision Benefits

Benefits are provided by EyeMed Vision Care

State of Nebraska teammates 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.

Teammates 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.

2021-22 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 | Every 24 months | Every 12 months |
| <ul style="list-style-type: none"> • Single, Bifocal, Trifocal • Standard Progressive Lens • Premium Progressive Lens | \$10 copay \$75 copay Copays vary | \$10 copay \$75 copay Copays vary |
| Contact Lenses | Every 24 Months | Every 12 months |
| <ul style="list-style-type: none"> • Conventional • Disposable | 85% over \$105 100% over \$105 | 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.