

VISION



To locate an in-network doctor, visit
www.mutualofomaha.com/vision-insurance

MUTUAL OF OMAHA VISION PLAN HIGHLIGHTS

- Vision services are administered through the EyeMed national network of providers.
- You have the freedom to choose any provider, however, as a Mutual of Omaha member, you'll receive the deepest discounts in-network.
- There are no claims to file when seeing in-network providers.
- When seeing out-of-network providers you may incur additional costs subject to balance billing.
- When utilizing out-of-network providers, you will have to pay the claim in full and submit for reimbursement.

MUTUAL OF OMAHA VISION PLAN DETAILS

Below is a snapshot of your benefits.

The benefit summary from the carrier will always prevail.



BENEFITS	IN-NETWORK YOU PAY	OUT-OF-NETWORK REIMBURSEMENT
EYE EXAM Once every 12 months	\$10 copay	Plan pays \$37
EYEGLASS FRAMES Once every 24 months	\$0 copay, Plan pays up to \$130 + 20%	Plan pays \$58
EYEGLASS LENSES Once every 12 months		
Single	\$25 copay	Plan pays \$20
Bifocal	\$25 copay	Plan pays \$36
Trifocal	\$25 copay	Plan pays \$64
Lenticular	\$25 copay	Plan pays \$64
LENS OPTIONS		
Progressives (Tier 1)	\$85 copay	Plan pays \$36
Anti-Reflective	\$45 copay	N/A
Photochromic– Transitions	\$75 copay	N/A
Scratch Resistant Coating	\$0 copay	Plan pays \$12
Polycarbonate	\$40 copay	N/A
CONTACT LENSES Once every 12 months		
Elective—Conventional	\$0 copay, Plan pays \$130 + 15%	Plan pays \$89
Elective—Disposable	\$0 copay, Plan pays \$130	Plan pays \$104
Medically Necessary	No copay	Plan pays \$210
LASER VISION CORRECTION	Up to 15% of AB* or 5% off any advertised special	
ADDITIONAL PAIR OF GLASSES OR CONTACTS	40% discount off of complete pair of eyeglasses and 15% off conventional contact lenses	

*AB is Allowed Benefit