

VISION CARE INSURANCE

EyeMed Vision Care provides comprehensive vision care benefits to help ensure you and your dependents receive quality eye care from a network of professional eye care providers. Employee Eligibility: 30 (or 21 for U.S. Regular position with an FTE of .5 or greater or in a

Additional EmployeePlusOne information may be found at the [EmployeePlusOne](#) benefits module.

Disabled Dependent Child Coverage Eligibility

A physically or mentally disabled child may remain an eligible dependent child upon reaching age 26 if incapable of self-sustaining employment by reason of mental or physical handicap, and dependent upon you for support and maintenance. The application for such coverage must be received within 31 days of the dependent's 26th birthday and the dependent must meet all other group coverage eligibility requirements.

Initial Enrollment

Employees must enroll for coverage within 31 days of the date of hire or benefits eligibility date (date the employee satisfies the criteria to be benefits eligible). The 31-day period is not based on the employee's effective date of coverage.

Enrollment after the initial 31-day period is limited to the annual NUFlex enrollment or when a Permitted Election Change Event occurs.

Employees and dependents may enroll for coverage without proof of insurability or pre-existing condition limitation.

Divorce or Legal Separation

Coverage changes due to a Nebraska divorce will be effective the first day of the month following the date the divorce decree is entered. Coverage changes due to a Nebraska legal separation will be effective the first day of the month following the date of the court order or separation agreement.

Coverage changes due to an Iowa divorce will be

If you are an employee, you will become a qualified beneficiary if you lose coverage under the Plans because of either one of the following qualifying events:

- (1) Your hours of employment are reduced; or
- (2) Your employment ends for any reason other than gross misconduct.

If you are the spouse of an employee, you will become a qualified beneficiary if you lose coverage under the Plans because of any of the following qualifying events:

- (1) Your spouse dies;
- (2) Your spouse's hours of employment are reduced;
- (3) Your spouse's employment ends for any reason other than gross misconduct; or
- (4) You become divorced [or legally separated] from your spouse. If an employee cancels coverage for his or her spouse in anticipation of a divorce [or legal separation] and a divorce [or legal separation] later occurs, then the divorce [or legal separation] will be considered a qualifying event even though the ex-spouse lost coverage earlier. If the ex-spouse notifies the COBRA Plan Administrator within 60 days of the date of the divorce [or legal separation], you will be able to continue your coverage under the Plan. If you are a qualified beneficiary, you will be able to continue your coverage under the Plan for up to 18 months after the date of the divorce [or legal separation].

	over \$130 allowance		
Disposable	Balance over \$130 allowance	Annual	Up to \$96
Medically Necessary	\$0	Annual	Up to \$200
Lasik Lasik or PRK	15% off retail price <u>o</u> 5% off promotional pricing	Unlimited	NA

*Standard Contact Lens Fitting – spherical clear contact lenses in conventional wear and planned replacement. Examples include, but are not limited to, disposable frequent replacements, etc.

**Premium Contact Lens Fitting – All lens designs, materials and specialty fittings other than Standard Contact Lenses. Examples include toric, multifocal, etc.

Additional Discounts:

- x Members will receive a 20 percent 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.
- x Discounts do not apply for ~~o~~x

you can change your delivery preference on the EyeMedVisionCare website at www.eyemedvisioncare.com. These instructions will give you a simple step by step overview on how to register for an account, view our benefits and set your mailing preferences.

[Replacement Contact Lens by Mail](#)

[Premium/Price Tag Information](#)

[Provider Network Search](#) (Select (1) the "Access" Network, (2) Your Street, City, or State or your Zip Code)

[EyeMedVisionCare Contacts](#)

- f [Customer Service \(866\) 723-6513](#)
- f [Provider Network Information \(866\) 723-6513](#)

[Vision Care Forms](#)

- f [Out of Network Claim Form](#)