

# 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.*

## Eligibility

### Employee

Faculty and Staff are eligible for group vision care insurance coverage if they are employed in a "Regular" position with an FTE of .5 or greater or employed in a "Temporary" position for more than 6 months with an FTE of .5 or greater.

### Dependents

#### Spouse

- Husband or wife, as recognized under the laws of the state of Nebraska
- Common-law spouse if the common-law marriage was contracted in a jurisdiction recognizing a common-law marriage

#### Child

The following unmarried dependent children may be eligible for coverage:

- Natural-born or legally adopted child who has not reached the limiting age of 19
- Stepchild who is living in the employee's home and is chiefly dependent on the employee for support (must be claimed as an IRS dependent), and who has not reached the limiting age of 19
- Child for whom the employee has legal guardianship and who has not reached the limiting age of 19
- Mentally or physically handicapped child who has attained the limiting age of 19. Coverage may be continued beyond age 19 if proof of disability is provided within 31 days of attaining age 19. If a student (ages 19 through 23), proof of disability must be provided within 31 days of the disability.
- Child of a deceased employee who has not reached the limiting age of 19

Dependent children who are employed at the University of Nebraska in a benefits eligible position may not be covered as a dependent on their parent's vision care insurance policy provided through the university.

#### Student (ages 19 through 23)

The following unmarried dependent children may be eligible for coverage:

- Dependent child who has not reached the limiting age of 24 and is a full-time student
- Dependent children who are students (ages 19 through 23) must receive over half of his or her financial support from the employee.
- Full-time student status generally requires a dependent to enroll for 12 or more undergraduate (9 or more graduate) credit hours each semester. The number of credit hours required for full-time student status is based on each school's definition of a full-time student.

## Effective Date of Coverage

Coverage is effective on the first day of the month following the employee's date of hire or eligibility. Coverage for employees hired on the first day of the month or first working day of the month is effective immediately.

The vision care insurance option elected will be in effect for up to two (2) years until the annual NUFlex enrollment that allows vision care election changes. Coverage category changes may be made during the year, however, as noted in the Change in Status Guidelines section.

## Change in Status Guidelines

Employees may change their vision care insurance coverage category during the calendar year when a Permitted Election Change Event occurs.

Employees must make changes in coverage within 31 days of the Permitted Election Change Event.

Listed below are several Permitted Election Change Events that may allow an employee to initiate a midyear vision care insurance coverage change. ***Please note, some coverage changes are not allowed due to the two (2) year enrollment provision.***

- Change in legal marital status
- Change in number of dependent children

## Birth of a Dependent Child

**Employees must contact the Campus Benefits Office within 31 days of a dependent's date of birth to add the new born child to their vision care insurance policy.** A Medical, Dental, and Vision Care Insurance Dependent Information Request Form must be completed to add the new dependent child to the vision care insurance policy even if the employee is currently enrolled for Employee & Child or Employee & Family coverage. Coverage will be effective the first of the month following the dependent's date of birth. EyeMed Vision Care will provide coverage from the dependent's date of birth to this effective date.

If a Medical, Dental, and Vision Care Insurance Dependent Information Request Form is not completed within the 31-day Permitted Election Change Event period, enrollment is limited to the annual NUFlex enrollment that allows vision care election changes.

## Student Eligibility

EyeMed Vision Care will forward a Student Eligibility Questionnaire to each employee upon a dependent child's attainment of age 19 to verify the dependent's student status. Thereafter, Student Eligibility Questionnaires will be forwarded in June (for the September through December semester/period) and October (for the January through August semester/period). To continue vision care insurance coverage, the Student Eligibility Questionnaire must be returned to EyeMed Vision Care; otherwise, the student's vision care coverage will be cancelled.

## Leave of Absence

Employees may continue vision care insurance coverage while on an approved leave of absence for up to two years. The employee should contact the Campus Benefits Office to establish the direct bill premium payment process.

## Active Military Duty Leave of Absence

An employee who commences a leave of absence for active duty in the military may cancel vision care insurance coverage during the leave. Upon return from active duty, the employee may reenroll for vision care insurance coverage without any waiting period or pre-existing condition exclusions. The employee may be required to provide documentation to support the date military service ended.

## Termination of Coverage

Coverage terminates on the last day of the month following the date of termination or date the employee is no longer eligible for coverage. If the date of termination or employee's coverage ineligibility is the last day of the month, coverage will terminate immediately.

## COBRA Continuation Coverage

COBRA coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as a "qualifying event." COBRA continuation coverage is offered to each person who is a "qualified beneficiary." A qualified beneficiary is someone who will lose coverage under the Plans because of a qualifying event. Depending on the type of qualifying event, employees, spouses of employees, and dependent children of employees may be qualified beneficiaries. Under the Plans, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

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

- (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 any of the following qualifying events happens:

- (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;
- (4) Your spouse becomes enrolled in Medicare (Part A, Part B, or both); or
- (5) 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 decree of dissolution of marriage date and can establish that the employee canceled the coverage earlier in anticipation of the divorce [or legal separation], then COBRA coverage may be available for the period after the divorce [or legal separation].

Your dependent children will become qualified beneficiaries if they lose coverage under the Plans because any of the following qualifying events happens:

- (1) The parent-employee dies;
- (2) The parent-employee's hours of employment are reduced;
- (3) The parent-employee's employment ends for any reason other than his or her gross misconduct;
- (4) The parents become divorced [or legally separated]; or
- (5) The child stops being eligible for coverage under the plan as a "dependent child."

The Plans will offer COBRA continuation coverage to qualified beneficiaries only after the COBRA Plan

Administrator has received timely notice that a qualifying event has occurred including the end of employment, reduction of hours of employment, or death of the employee.

[Additional COBRA Information](#)

## EyeMed Vision Care Overview



More choices, better quality. This is what EyeMed Vision Care is all about. EyeMed has been marketing and administering vision care programs since 1991 and now serves over 135 million members in the United States. With EyeMed, members receive quality products at a great value, while enjoying attentive and personalized care from a diverse network of eye care professionals.

What makes EyeMed Vision Care different?

- The freedom to choose from a variety of network providers, including private optometrists, ophthalmologists, opticians and the nation's leading optical retailers including LensCrafters, Pearle Vision, Sears Optical, and Target Optical.
- Quality, reliable eye care services delivered by a network of providers dedicated to the visual health and welfare of our members.
- Flexibility in accessing vision care services. Many provider locations offer extended evening and weekend hours, no appointment necessary and fast and convenient service, translating into service when members need it most.
- A wide variety of quality, brand name and fashion frames manufactured by Luxottica, the world's leading frame manufacturer.

EyeMed Vision Care is committed to your complete satisfaction and is looking forward to meeting your eye care needs.

Visit the [EyeMed Vision Care](#) Home Page.

## Group Identification Number (Vision Care)

- 9705021

## Member Identification Number (Vision Care)

To protect your confidentiality and privacy, EyeMed Vision Care issues insurance identification cards based on your nine-digit University of Nebraska Personnel Number. For example, the first three digits will be zeros while the next six digits represent your university Personnel Number (e.g. 000123456). All EyeMed Vision Care correspondence, communications, Explanation of Benefits (EOB), etc. will include your unique identification number. You and your covered family members should use this identification number when accessing vision care services through EyeMed.

## Benefits Summary

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. Participation allows you and your dependents to obtain comprehensive eye examination, glasses or contact lenses from a network provider at an affordable cost.

Vision Care Service	In-Network Member Cost	Benefit Frequency	Out-Of-Network Allowance
<b>Examination with dilation</b>	\$10 copay	Annual	Up to \$35
<b>Frames</b>	80% of retail price over \$100 allowance	Annual	Up to \$38

<b>Standard Plastic Lenses</b>			
Single Vision	\$10 copay	Annual	Up to \$25
Bifocal	\$10 copay	Annual	Up to \$40
Trifocal	\$10 copay	Annual	Up to \$55
Standard Progressive	\$10 copay	Annual	Up to \$55
<b>Lens Options</b>			
UV Coating	\$15		NA
Tint (Solid and Gradient)	\$15		NA
Standard Scratch-Resistance	\$15		NA
Standard Polycarbonate	\$40		NA
Standard Anti-Reflective Coating	\$45		NA
Other Add-Ons and Services	20% off retail price		NA
<b>Contact Lenses Fit and Follow-up</b>			
Standard*	Up to \$55	Annual	NA
Premium**	90% of retail price	Annual	NA
<b>Contact Lenses Allowance (materials only)</b>			
Conventional	85% of balance over \$75 allowance	Annual	Up to \$60
Disposable	Balance over \$75 allowance	Annual	Up to \$60

Medically Necessary	\$0	Annual	Up to \$200
<b>Laser Surgery</b> Lasik or PRK	15% off retail price <u>or</u> 5% off promotional pricing	Unlimited	N/A

Lens Options (added to the base price of the lens; does not apply to out-of-network allowance)

**\*Standard Contact Lens Fitting** – spherical clear contact lenses in conventional wear and planned replacement (Examples include but 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:**

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.

Discounts do not apply for benefits provided by other group benefit plans. Allowances are one-time use benefits; no remaining balance.

Lost or broken materials are not covered.

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.

After initial purchase, replacement contact lenses may be obtained via the Internet at substantial savings and mailed directly to the member. Details are available at [www.eyemedvisioncare.com](http://www.eyemedvisioncare.com). The contact lens benefit allowance is not applicable to this service.

Insured plans are underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri. Fidelity Security Life Insurance Company policy number VC-19 and VC-20; form number M-9059

**Plan Limitations/ Exclusions:**

- Orthoptic or vision training, subnormal vision aids, and any associated supplemental testing.
- Aniseikonic lenses.
- Medical and/or surgical treatment of the eye, eyes, or supporting structures.
- Corrective eyewear required by an employer as a condition of employment, and safety eyewear unless specifically covered under plan.
- Services provided as a result of any Worker's Compensation law.
- Plano non-prescription lenses and non-prescription sunglasses (except for 20% discount).
- Services or materials provided by any other group benefit providing for vision care.
- Two pair of glasses in lieu of bifocals.

[Frequently Asked Questions](#)

[Replacement Contact Lens by Mail](#)

[Premium/Price Tag Information](#)

[Provider Network Search for Prospective Enrollees](#)

[Provider Network Search for Current Participants](#)

## EyeMed Vision Care Contacts

- Customer Service (866) 723-0513
- Provider Network Information (866) 723-0513

## Vision Care Forms

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