

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 in a "Temporary" position for more than six 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 dependent children may be eligible for coverage:

- Natural-born or legally adopted child who has not reached the limiting age of 26
- Stepchild who has not reached the limiting age of 26
- Child for whom the employee has legal guardianship and who has not reached the limiting age of 26
- Child with a mental or physical disability who has attained the limiting age of 26 may continue coverage beyond age 26 if proof of disability is provided within 31 days of attaining age 26

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

Coverage ends when the dependent child turns age 26.

Employee Plus One

University benefits eligibility is extended to an Adult Designee of the same or opposite gender who meets all the following criteria:

- Has resided in the same residence as the employee for at least the past consecutive 12 months and intends to remain so indefinitely;
- Is at least 19 years old;
- Is directly dependent upon, or interdependent with, the employee, sharing a common financial obligation that can be documented in a manner prescribed by the university; and
- Is not currently married to or legally separated from another individual under either statutory or common law.

Additional Employee Plus One information may be found at the [Employee Plus One](#) 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.

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 will be effective on the first day of the month. Coverage for employees hired on the first working day of the month will be effective on the actual date of hire (if first working day is Jan. 5, coverage will be effective Jan. 5).

Change in Status Guidelines

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

Employees must enroll or 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.

- Change in legal marital status
- Change in number of dependent children
- Change in employment status or work schedule that results in a gain or loss of coverage eligibility
- Change in coverage under spouse's employer's benefits plan, if substantial

Required Documentation for Status Changes

You will be asked to supply evidence of eligibility for each dependent you are enrolling in the vision care plan. The type of evidence required will vary depending on the relationship of the dependent to you, but may include birth certificates, marriage licenses and other documentation.

Coverage Effective Date as a Result of a Permitted Election Change Event

Coverage changes due to a Permitted Election Change Event are generally effective on the first day of the month following the date of the change. However, changes that occur on the first day of the month will be effective immediately. The employee must provide appropriate documentation to verify the Permitted Election Change Event.

Birth of a Dependent Child

Coverage changes due to a birth of a child will be effective on the dependent's date of birth. The applicable premium will begin on the first day of the month following the date of birth. The employee must provide appropriate documentation to verify the Permitted Election Change Event.

Vision care coverage for a newborn child will begin at the dependent child's date of birth. **To continue the child's coverage beyond 31 days, the covered employee must contact the Campus Benefits Office within 31 days of a dependent's date of birth to add the newborn child to his or her vision care insurance policy.** The employee must complete and deliver to the Campus Benefits Office a Dependent Information Request Form to add the new dependent child to the vision care insurance policy **even if** he or she is currently enrolled for Employee & Child or Employee & Family coverage. If the newborn child is added, the coverage change and related increase in premiums will be effective the first of the month following the dependent's date of birth. If the employee does not complete and deliver the properly completed Dependent Information Request Form to the Campus Benefits Office within 31 days of the newborn's birth and then wants to cover the child, the child will be considered a late enrollee and benefits will not be provided to the child until the next annual NUFlex enrollment. (No coverage changes are allowed as a result of a Permitted Election Change Event.)

Do not delay completing and submitting this form while the new baby's Social Security Number is pending. Submit the form and then email your dependent's Social Security Number to the Campus Benefits Office as soon as it is issued.

Adoption or Legal Guardianship

Coverage changes due to a dependent child who is added as a result of adoption or legal guardianship will coincide with the earlier of: 1) the date of placement for adoption, or 2) the date of entry of an order granting legal guardianship or custody of the child. Placement generally means when the adoptive parents have taken legal responsibility for the child. Premiums will begin on the first day of the month following the event. The employee must provide appropriate documentation to verify the Permitted Election Change Event. Coverage for a dependent child's baby may be added to the employee's (grandparents') vision care insurance policy only if employee obtains 1) legal guardianship, or 2) adoption of the newborn child.

Marriage

Coverage changes due to marriage will be effective on the first day of the month following the date of marriage. Changes in coverage for a marriage occurring on the first day of the month will be effective immediately. The employee must provide appropriate documentation to verify the Permitted Election Change Event.

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

The employee must provide appropriate documentation to verify the Permitted Election Change Event.

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.

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 re-enroll for vision care insurance coverage without proof of insurability. The employee must provide appropriate documentation to support the date military service ended.

Annual NUFlex Enrollment

Employees may change a vision care plan option or coverage category during the annual NUFlex enrollment. Proof of insurability is not required to enroll during the annual NUFlex enrollment.

COBRA Continuation of 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 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 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 of any of the following qualifying events:

- (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 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 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](#)

Survivor Benefits upon the Death of an Employee

The spouse of a deceased employee who was enrolled for vision care coverage at time of death may continue coverage through COBRA.

A dependent child of a deceased employee who was enrolled for vision care coverage at time of death may continue coverage through COBRA if the child has not reached the plan's limiting age.

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 more than 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, Sears Optical, Target Optical and most Pearle Vision locations.
- 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

- 9705021

Member Identification Number

To protect a member's confidentiality and privacy, EyeMed Vision Care issues insurance identification cards based on the member's nine-digit University of Nebraska Personnel Number. For example, the first two or three digits will be zeros while the next six or seven digits represent the employee's university Personnel Number (e.g. 000123456 or 001234567). All EyeMed Vision Care correspondence, communications, Explanation of Benefits (EOB), etc. will include this unique identification number.

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 examinations, glasses or contact lenses from a network provider at an affordable cost.

	In-Network Member Cost	Benefit Frequency	Out-Of-Network Reimbursement
Examination with dilation	\$10 copay	Annual	Up to \$35
Frames	80% of retail price over \$150 allowance	Annual	Up to \$38

Standard Plastic Lenses			
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
Premium Progressive	\$10 copay, 80% of balance over \$130	Annual	Up to \$55
Lens Options			
UV Coating	\$15		NA
Tint (Solid and Gradient)	\$15		NA
Standard Scratch-Resistance	\$15		NA
Standard Polycarbonate	\$40		NA
Standard Anti-Reflective	\$45		NA
Other Add-Ons and Services	20% off retail price		NA
Contact Lenses Fit and Follow-up			
Standard*	Up to \$55	Annual	NA
Premium**	90% of retail price	Annual	NA
Contact Lenses Allowance (materials only)			
Conventional	85% of balance	Annual	Up to \$96

	over \$130 allowance		
Disposable	Balance over \$130 allowance	Annual	Up to \$96
Medically Necessary	\$0	Annual	Up to \$200
Laser Surgery Lasik or PRK	15% off retail price <u>or</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:

- 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.
- 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 percent discount off additional complete pair eyeglass purchases and a 15 percent 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. The contact lens benefit allowance is not applicable to this service.

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 the Plan.
- Services provided as a result of any worker's compensation law.
- Plano non-prescription lenses and non-prescription sunglasses (except for 20 percent discount).
- Services or materials provided by any other group benefit providing for vision care.
- Two pairs of glasses in lieu of bifocals.

Explanation of Benefits

The EyeMed Vision Care Explanation of Benefits (EOB) is provided to you in electronic format through the EyeMed Vision Care website. Paper EOBs will no longer be mailed to members. If you prefer a paper EOB,

you can change your delivery preference on the EyeMed Vision Care 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)

EyeMed Vision Care Contacts

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

Vision Care Forms

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