Underwritten by
United of Omaha Life Insurance Company
A Mutual of Omaha Company

Voluntary Vision Insurance

Mutual of Omaha Vision Powered by EyeMed

Your eyes are a window to overall health and wellness. Besides measuring your vision, routine eye exams are a simple, non-invasive tool that can help identify early signs of certain chronic health conditions.

Because early detection is key for treatment, regular eye examinations play a vital role in a healthy life.

Your Vision Matters

As an active employee of Legacy Transportation Services Inc., you have access to a vision insurance policy from United of Omaha Life Insurance Company.

You have so many reasons to keep your eyes healthy. Ongoing vision care will help you maintain the best possible eye – and overall – health and well-being.

Coverage guidelines and benefits are outlined in the chart below.



ELIGIBILITY - VOLVIS: ALL ELIGIBLE EMPLOYEES		
Eligibility Requirement	You must be actively working a minimum of 30 hours per week to be eligible for coverage.	
Dependent Eligibility Requirement	To be eligible for coverage, any dependent child(ren) must be under 26. In order for your spouse and/or children to be eligible for coverage, you must elect coverage for yourself.	
Premium Payment	The premiums for this insurance are paid in full by you.	
BENEFITS	**MEMBER COST IN-NETWORK**	**OUT-OF-NETWORK REIMBURSEMENT***
Exam with Dilation as Necessary	$10 copay	Up to $37
Exam Options: •Retinal Imaging •Standard Contact Lens Fit & Follow-up •Premium Contact Lens Fit & Follow-up	 •Up to $39 •Up to $40 •10% off retail price	 •Not Applicable
Frames •Any available frame at provider location	• $0 copay, $130 allowance plus 20% off balance over allowance	•Up to $58
Standard Plastic Lenses: • Single Vision	• $25 copay	• Up to $20

• Bifocal	• $25 copay	• Up to $36
• Trifocal	• $25 copay	• Up to $64
• Lenticular	• $25 copay	• Up to $64
• Standard Progressive Lenses (add on to bifocal copay)	• $65 copay	• Up to $36
• Premium Progressive Lenses (add on to bifocal copay)		
Tier 1	• $85 copay	• Up to $36
Tier 2	• $95 copay	• Up to $36
Tier 3	• $110 copay	• Up to $36
Tier 4	• $65 copay plus 80% of charge less $120 allowance	• Up to $36
Lens Options:		
• UV Coating	• $0 copay	• Up to $12
• Tint (Solid and Gradient)	• $0 copay	• Up to $12
• Standard Scratch Coating	• $0 copay	• Up to $12
• Standard Polycarbonate (Adults)	• $40	• Not Applicable
• Standard Polycarbonate (Children under 19)	• $0 copay	• Up to $32
• Standard Anti-Reflective	• $45	• Not Applicable
• Premium Anti-Reflective		
Tier 1	• $57	• Not Applicable
Tier 2	• $68	• Not Applicable
Tier 3	• 20% off retail price	• Not Applicable
• Photochromic – Transitions	• $75	• Not Applicable
• Other Add-ons	• 20% off retail price	• Not Applicable
Contact Lenses: (Contact lens allowance includes materials only)		
• Conventional	• $0 copay, $130 allowance plus 15% off balance over allowance	• Up to $89
• Disposable	• $0 copay, $130 allowance	• Up to $104
• Medically Necessary	• $0 copay, paid in full	• Up to $210
Laser Vision Correction:		
• LASIK or PRK from U.S. Laser Network	• 15% off retail price or 5% off promotional price	
Additional Pair of Glasses or Contacts	40% discount off of complete pair of eyeglasses and 15% off conventional contact lenses once the funded benefit has been used	
FREQUENCY		
Exams	Once every 12 months	
Lenses or Contact Lenses	Once every 12 months	
Frames	Once every 24 months	

*Out-of-Network Reimbursement will be the lesser of the listed amount of the member's actual cost from the out-of-network provider. In certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see the online provider locator to determine which participating providers have agreed to the discounted rate.

EXCLUSIONS

We will not pay benefits for any services or materials connected with or changes arising from:

- orthoptic or vision training, subnormal vision aides and any associated supplemental testing;
- Aniseikonic lenses;
- medical or surgical treatment of the eye, eyes or supporting structures;
- any eye or vision examination, or any corrective eyewear required by the policyholder as a condition of employment;
- safety eyewear;
- services or materials provided or paid for in whole or in part by a state or federal government or its agencies;
- services or materials provided or paid for in whole or in part as a result of any workers' compensation or occupational disease law or as required by any federal or state governmental agency or program;
- Plano (non-prescription) lenses or contract lenses;
- non-prescription sunglasses;
- two pair of glasses in lieu of bifocals;
- services or materials provided or paid for in whole or in part by any other group benefit plan providing vision benefits;
- certain name brand vision materials for which the manufacturer maintains a no-discount practice;
- services rendered after the date an insured person ceases to be covered under the policy; or
- lost, stolen, or broken lenses, frames, glasses, or contact lenses until the next benefit frequency when vision materials would next become available.

SERVICES

Hearing Discount Program	The Hearing Discount Program provides you and your family discounted hearing products, including hearing aids and batteries. Call 1-888-534-1747 or visit www.amplifonusa.com/mutualofomaha to learn more.

PREMIUM AMOUNTS

Coverage Tier	**Premium Amount** (52 Payroll Deductions Per Year)
Employee/Member	$1.22
Employee/Member + 1	$2.18
Employee/Member + 2 or more	$2.94

Frequently Asked Questions

If I enroll now, can I change or drop my coverage at any time?

Your enrollment in this coverage is for a 12-month Policy Year. During this Policy Year, you may add or remove dependents within 31 days of a qualifying Life Change Event (as defined in the Certificate). These events include the birth of a child, pending adoption, marriage, divorce or loss of other coverage.

How do I use my vision benefit?

Mutual of Omaha's affiliation with EyeMed's Insight Network offers access to over 91,000 providers. To access your vision benefit:

1. Locate an in-network provider of your choice by calling the Customer Care Center at **1-833-279-4358** or visiting **www.mutualofomaha.com/vision** and choosing a provider on the provider locator. Or download the EyeMed Members App on your iPhone, iPad or Android to view your benefit details and ID card right when you need it.
2. Schedule an appointment. Many of our providers also offer walk-in appointments, in which case, an appointment is not necessary.
3. When you arrive, identify yourself as an EyeMed member or present your ID card to receive services. (Vision ID Card is not required to receive services)
4. Your in-network provider will file claims on your behalf, so you don't have to worry about anything!

How can I view my Explanation of Benefits online?

Click on "View Your Benefits" and select "Claim Status". If an Explanation of Benefits is available for a claim, an EOB column will appear next to the claim. Click the "View" button to view the document.

Will I be able to choose any eyewear product available at an in-network provider location?

Yes! With your Mutual of Omaha vision benefits, powered by EyeMed, you can apply your benefit toward any available frame or brand of contact lenses that fit your vision needs and lifestyle.

Can I purchase two pair of eyeglasses and/or eyeglasses and contact lenses in the same benefit period?

Yes! You are eligible for additional discounts, once the covered benefit has been used. We offer the largest additional pair discount in the industry – 40 percent off eyeglasses and 15 percent off conventional contact lenses – which can be used at any in-network location at any time while you are covered under the plan.

Are there any additional discounts beyond what is covered by the plan?

Yes! You will receive the following additional savings:

- 40 percent off additional complete pairs of glasses
- 20 percent off any remaining frame balance
- 15 percent off any remaining conventional contact lens balance
- 20 percent off non-covered items, including non-prescription sunglasses, accessories and lens cleaner
- 15 percent off the standard price or 5 percent off any promotional price of LASIK or PRK services

This information describes some of the features of the benefits plan. Benefits may not be available in all states. Please refer to the certificate booklet for a full explanation of the plan's benefits, exclusions and limitations. Should there be any discrepancy between the certificate booklet and this outline, the certificate booklet will prevail. Availability of benefits is subject to final acceptance and approval of the group application by the underwriting company. Vision insurance is underwritten by United of Omaha Life Insurance Company, 3300 Mutual of Omaha Plaza, Omaha, NE 68175, 1-800-769-7159. Policy form number: G2018MP or state equivalent (In NC: G2018MP NC). United of Omaha Life Insurance Company is licensed nationwide, except in New York.