

Vision In-Network

Our vision plan benefits are provided through **Mutual of Omaha** powered by the **EyeMed Network**. The table below outlines how some of the most common services are paid at in-network providers and facilities. You will pay less for care when you see an in-network provider.

Find a vision provider: <https://www.mutualofomaha.com/vision>

In-Network Vision Benefits	EyeMed Network	Frequency
Exam	\$10 copay	Once every 12 months
Retinal Screening (Subject to Provider Availability)	Up to \$39 copay	Once every 12 months
Standard Eyeglass Lenses & Frames		
Single Vision Lenses	\$25 copay	Once every 12 months
Lined Bifocal Lenses	\$25 copay	Once every 12 months
Lined Trifocal Lenses	\$25 copay	Once every 12 months
Lined Lenticular Lenses	\$25 copay	Once every 12 months
Standard Progressive Lenses	Additional \$65 copay	Once every 12 months
Frames	\$200 allowance + 20% off remaining balance	Once every 12 months
Contact Lenses (in lieu of eyeglass lenses)		
Elective Conventional	\$200 allowance + 15% off remaining balance	Once every 12 months
Medically Necessary	Covered in full	Once every 12 months
Contact Lens Fitting and Exam	Up to \$40 copay + 10% off retail price	Once every 12 months
Hearing Discount Program		
<p>The Hearing Discount Program provides you and your family discounted hearing products, including hearing aids and batteries. Call (888) 534-1747 or visit www.amplifonusa.com/mutualofomaha to learn more!</p>		



Please refer to your plan documents for full details and exclusions.