

Vision Insurance

Derstine's offers one vision plan through Mutual of Omaha and uses the EyeMed network.

The vision insurance benefit includes coverage for either glasses or contacts, but not both.

Mutual of Omaha

1-800-228-7104

www.mutualofomaha.com

**Plan Year: October 1, 2025 –
September 30, 2026**

EYEMED VISION PLAN

EYE EXAM	Every 12 months \$10 copay
LENSES	Every 12 months
Single Vision	\$25 copay
Bifocal Lenses	\$25 copay
Trifocal Lenses	\$25 copay
Lenticular Lenses	\$25 copay
FRAMES	Every 24 months
	\$130 allowance + 20% discount
CONTACT LENSES	Every 12 months
Elective	\$130 allowance + 15% discount
Medically Necessary	\$0 copay
BI-WEEKLY COST FOR VISION COVERAGE	
Employee Only	\$3.43
Employee + Spouse	\$5.77
Employee + Child(ren)	\$5.88
Employee + Family	\$9.30