

# 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](http://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