



VOLUNTARY VISION INSURANCE

Proposal for: City of Osseo

Alternate: 10.00

The following Voluntary Vision plan is being proposed on a fully-insured basis effective **1/01/26**. This proposal assumes this coverage is underwritten by United of Omaha Life Insurance Company. For additional information about Mutual of Omaha's products and services, visit mutualofomaha.com.

ELIGIBILITY

CLASS DEFINITION(S)	Class 1: All Eligible Employees
ELIGIBILITY REQUIREMENT	<p>An employee must be actively working the minimum number of hours shown below on the policy effective date to be eligible for insurance, unless otherwise approved by Mutual of Omaha. Certain requirements apply.</p> <p>Provided an employee is eligible and insured, the spouse and dependent child(ren) of the employee are eligible for insurance. Certain requirements apply.</p>
MINIMUM WORK HOURS	Class 1: 30 or more hours each week
CHILD ELIGIBILITY AGES	Child coverage begins at birth and terminates at age 26, unless the child is incapacitated.

BENEFIT SUMMARY

SERVICES & MATERIALS	In-Network Cost	Out-of-Network Reimbursement
Comprehensive Vision Exam		
Exam	\$10 copay	Up to \$37
Exam Options		
Retinal Imaging	Up to \$39	Not Applicable
Standard Contact Lens Fit & Follow-up	Up to \$40	Not Applicable
Premium Contact Lens Fit & Follow-up	10% off retail price	Not Applicable
Frames		
Allowance	\$0 copay \$130 allowance, 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
Contact Lenses (contact lens allowance includes materials only)		
Conventional	\$0 copay \$130 allowance, 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
Lens Options		
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 Tier 2: \$95 copay Tier 3: \$110 copay Tier 4: \$65 copay + 80% of charge, less \$120 allowance	Up to \$36
Polycarbonate Lenses (Adults)	\$40	Not Applicable
Polycarbonate Lenses (Children under age 19)	\$40	Not Applicable
UV Treatment	\$15	Not Applicable
Tint	\$15	Not Applicable
Scratch Coating	\$15	Not Applicable
Standard Anti-Reflective	\$45	Not Applicable
Premium Anti-Reflective	Tier 1: \$57 Tier 2: \$68 Tier 3: 20% off retail price	Not Applicable
Photochromic-Transitions	\$75	Not Applicable
Other Add-ons	20% off retail price	Not Applicable
Benefit Frequency		
Examination	Once every 12 months	
Lenses or Contact Lenses	Once every 12 months	
Frame	Once every 24 months	

FEATURES

NETWORK

Mutual of Omaha's affiliation with EyeMed's Insight Network offers access to over 91,000 providers.

ADDITIONAL PAIRS – EYEGLASSES OR CONTACT LENSES

If plan includes coverage for Frames, Lenses, and Contact Lenses, Employees and any dependent(s) covered under the plan receive up to a 40% discount off an additional complete pair of eyeglasses and up to a 15% discount off conventional contact lenses once the materials funded benefit has been used. These discounts only apply to services received from an in-network provider and may not be combined with any other discounts or promotional offers.

LASER VISION CORRECTION

Employees and any dependent(s) covered under the plan receive up to a 15% discount off the retail price or up to a 5% discount off the promotional price for LASIK or PRK from a provider in the U.S. Laser Network. These discounts may not be combined with any other discounts or promotional offers.

ADDED DISCOUNTS

If plan includes coverage for Frames, Lenses, and Contact Lenses, Employees and any dependent(s) covered under the plan receive discounted fixed pricing on lenses and lens options not covered by the plan and up to a 20% discount off other add-ons and services. These discounts only apply to services from an in-network provider and may not be combined with any other discounts or promotional offers.

ANNUAL OPEN ENROLLMENT

Included – An open enrollment is available for a period of up to 90 days each policy year. The first annual enrollment period will occur after the effective date of the policy. During this time, the employee may elect insurance for the first time for the employee and any dependents, if applicable.

CONTINUATION FOR FEDERAL AND STATE LAWS

Included – The federal Family and Medical Leave Act (FMLA) and Uniformed Services Employment and Reemployment Rights Act (USERRA) and any amendments thereto, as well as other applicable federal or state laws, may allow continuation of insurance in certain instances for leaves of absence, layoff or termination. Insurance may be continued for the time period allowed by the applicable law, for the employee and any dependent(s), if applicable. This provision applies to employer and union groups only, subject to certain conditions.

PARTICIPATION AND PREMIUM

PARTICIPATION ASSUMPTIONS

Minimum Participation	Number of Eligible Employees	Contribution Structure
Greater of 5 enrolled employees or 50%	19	100% Employee Paid

PREMIUM CONTRIBUTIONS

The employee contributes 100% of the premium for the employee and any dependent insurance (if elected).

VISION PREMIUM RATES CLASS 1

Employee Only
Employee + Spouse
Employee + Child(ren)
Employee + Family
Total (All Classes)

Assumed Lives	Monthly Rates	Monthly Premium	Annual Premium
4	\$6.70	\$28.48	\$341.76
2	\$15.39	\$24.32	\$291.84
1	\$17.06	\$12.80	\$153.60
3	\$26.04	\$75.78	\$909.36
10		\$141.38	\$1,696.56

RATE GUARANTEE

2 Years

RATE GUARANTEE DATE

1/01/2028