

Mutual of Omaha Member Vision ID Card

Taliaferro County School District

Dependents are covered if they are enrolled*

Claims:




MUTUAL OF OMAHA

Provide group name & number below to in-network provider (or member ID Card)

Provider submits the claim

Customer Service

1-833-279-4358

 <p>Subscriber: Taliaferro County School District</p> <p>PlanHolder:</p>	<p>Network: EyeMed Insight</p> <p>(Found on ID card)</p> <p>Member ID: G000CY83</p> <p>Group Number:</p>	<p>Dependents are covered if they are enrolled*</p> <p>Submit Claims to: MUTUAL OF OMAHA CLAIMS Show your member ID card. The provider should handle paperwork and claims submission</p> <p>Out-of-Network If you use an out-of-network provider, you must pay in full and submit a claim form for reimbursement.</p>	 
<p>Customer Service 1-833-279-4358</p>			

Log in to Member Web to view your vision benefit details, review claim status and see available special offers for vision care and services

You are free to decide which provider to use at any time. However, you can generally reduce your out-of-pocket expenses if you use an in-network provider. To find in-network providers in your area, www.eyemedvisioncare.com/mutual

EyeMed Doctors/Providers Only:

Log into www.eyemedvisioncare.com to receive plan information and authorization online or call 1-800-521-3605