

# Unum Vision<sup>SM</sup> Powered by EyeMed

## More flexibility, choice and savings



Enhanced Plan

### Plan features:

- The Insight network offers members access to convenient, quality care with more than 71,400 access points<sup>1</sup>, including independent optometrists and retail stores like LensCrafters, JC Penney, Sear's Optical, Pearle Vision and many more!
- Our vision provider search engine is available 24/7 at [www.eyemedvisioncare.com/unum](http://www.eyemedvisioncare.com/unum)

1. Network data is based on the EyeMed Vision Care Insight network. (September 2014)
2. Final rates subject to home office underwriting verification of participation and other factors. Members must enroll for a minimum of 12 months.
3. The standard contact lens fitting exam fee applies to a new or existing contact lens user who wears spherical disposable, daily wear, or extended wear lenses only.
4. The specialty contact lens fitting exam fee applies to a new or existing contact lens user who wears toric, gas-permeable, mono-fit, or multifocal lenses. Member is responsible for any charges over the \$55 allowance.
5. In-network providers only

### Outline of benefits

Vision care services	In-network member cost	Out-of-network reimbursements
<b>Exam (1 per 12 months)</b>	\$10 Co-pay	Up to \$40
<b>Retinal Imaging Benefit</b>	\$39	Not Covered
<b>Standard plastic lenses (1 per 12 months)</b> Single Vision Bifocal Trifocal Lenticular Standard Progressive	\$25 Co-pay \$25 Co-pay \$25 Co-pay \$25 Co-pay \$90 Co-pay	Up to \$30 Up to \$50 Up to \$70 Up to \$70 Up to \$50
<b>Premium Progressive Lens</b> Tier 1 Tier 2 Tier 3 Tier 4	\$110 co-pay \$120 co-pay \$135 co-pay \$90 Co-pay, 80% of charge less \$120 allowance	Up to \$50 Up to \$50 Up to \$50 Up to \$50
<b>Lens Options</b> Polycarbonate lenses (under age 19) Standard polycarbonate lenses Standard scratch resistant coating UV treatment	Covered Covered Covered Covered	Up to \$32 Up to \$32 Up to \$12 Up to \$12
<b>Frames (1 per 12 months)</b> Members may select any frame available	\$130 allowance	Up to \$91
<b>Contact lenses (1 per 12 months)</b> In lieu of eyeglass lenses Elective Medically Necessary	\$0 Co-pay \$130 allowance Covered	Up to \$130 Up to \$210
Standard contact lens fitting exam fee <sup>3</sup> Specialty contact lens fitting exam fee <sup>4</sup>	Covered \$55 allowance	Up to \$40 Up to \$40
<b>Plus:</b> We offer nationwide access to discounts on LASIK surgery through a partnership with U.S. Laser Network. Discounts are available with participating providers. This is not an insured benefit. Visit our web site to find the specialist closest to you.		

**40% discount** on second complete pair of glasses<sup>5</sup>

**20% off** non-prescription sunglasses<sup>5</sup>

**20% off** remaining balance beyond plan coverage<sup>5</sup>

**Note:** Plan & rates are available in AZ.

12-month frame frequency EyeMed plan number: 10000049

## Other Unum Vision Powered by EyeMed specifications

**Dependent children:** Dependent age guidelines vary by state. Please refer to your policy certificate or contact customer service at (855) 652-8686.

**Services not listed:** If you expect to require a vision service not included on this brochure, it may still be covered. Refer to the member portal at [www.eyemedvisioncare.com/unum](http://www.eyemedvisioncare.com/unum), to confirm your exact benefits.

This is a primary vision care benefit and is intended to cover only eye examinations and/or corrective eyewear. Medical or surgical treatment of eye disease or injury is not provided under this plan. Coverage may not exceed the lesser of actual cost of covered services and materials or the limits of the policy.

**No benefits will be paid for services, materials connected with, or charges arising from:**

- Orthoptic or vision training, subnormal vision aids and any associated supplemental testing;
- Aniseikonic lenses;
- Medical and/or surgical treatment of the eye, eyes or supporting structures; services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; any Vision Examination, or any corrective eyewear required by a Policyholder as a condition of employment;
- Safety eyewear;
- Plano (non-prescription) lenses;
- Non-prescription sunglasses;
- Two pair of glasses in lieu of bifocals;
- Services or materials provided by any other group benefit plan providing vision care;
- Services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order;
- Lost or broken lenses, frames, glasses, or contact lenses will not be replaced except in the next Benefit Frequency when Vision Materials would next become available.

Member receives a 20% discount on items not covered by the plan at EyeMed In-Network locations. Discount does not apply to EyeMed Provider's professional services, or contact lenses. Plan discounts cannot be combined with any other discounts or promotional offers. In certain states, members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see EyeMed's online provider locator to determine which participating providers have agreed to the discounted rate. Discounts on vision materials may not be applicable to certain manufacturers' products EyeMed Vision Care reserves the right to make changes to the products on each tier and the member out-of-pocket costs.

Fixed pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels. Service and amounts listed above are subject to change at any time. Fees charged by a Provider for services other than a covered benefit must be paid in full by the Insured Person to the Provider. Such fees or materials are not covered under the Policy. Benefit allowances provide no remaining balance for future use within the same Benefit Frequency.

### Laser Vision Correction Network

Membership provides access to preferred pricing. Transactions are handled directly between members and providers. Refractive surgery is an elective procedure and may involve potential risks to patients. This is not an insured benefit. Unum cannot and does not guarantee the outcome of any refractive surgical procedure or a total elimination of the need for glasses or contacts. Providers may not be available in all metropolitan areas. Login to [www.eyemedvisioncare.com/unum](http://www.eyemedvisioncare.com/unum) for a list of participating laser vision correction providers.

### Hearing Savings Plan included at no additional cost to the member!

Unum offers a **Hearing Savings Plan** at no additional cost, to all of its Unum Vision Powered by EyeMed members. Partnering with Amplifon, the Hearing Savings Plan provides:

- 40% off hearing exams at thousands of convenient locations nationwide
- Discounted set pricing on thousands of hearing aids, including those with the newest, most advanced technology
- Low price guarantee – if you find the same product at a lower price elsewhere, Amplifon will beat it by 5%
- 60-day hearing aid trial period with no restocking fees
- Free batteries for 2 years with initial purchase
- 3-year warranty plus loss and damage coverage

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This brochure is not intended to be a complete description of the insurance coverage available. The policies or their provisions may vary or be unavailable in some states. The policies have exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form Series VI-2002 and VI-2007 or contact your Unum Vision representative.

#### Starmount Life Insurance Company

8485 Goodwood Boulevard • Baton Rouge, LA 70806

PH: (855) 652-8686

Policy Forms: Vision - VI-2002 and VI-2007

(08-18)

Vision plans are marketed by Unum, administered and underwritten by Starmount Life Insurance Company, Baton Rouge, LA.

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