



# Unum Vision<sup>SM</sup>

## Quality eye care meets convenience

### Port Arthur ISD

Effective date: 03/01/2021

### Plan features:

- Our network offers members access to convenient, quality care with more than 40,000 vision access points<sup>1</sup>, including independent optometrists and retail stores like Walmart, Sam’s Club, JCPenney, Sear’s Optical, America’s Best and many more!
- Find an in-network provider at [unumvisioncare.com](http://unumvisioncare.com)
- Manage benefits online with AlwaysAssist.com and on-the-go with the AlwaysAssist mobile app.

AlwaysAssist.com  
Online benefits management



### Covered benefits:

**Exam:** Each member is entitled to a comprehensive vision exam. An exam co-pay applies and is outlined in the grid below.

**Materials:** Each member may purchase eyewear in the form of an eyeglass frame and lenses, or contact lenses. Purchases are subject to benefit frequencies and co-pays. Plan features include:

- **Frame benefit:** You may choose any frame within a provider’s collection, subject to the retail frame allowance listed below. If the cost is greater than the plan’s benefits, you are responsible for the difference.
- **Eyeglass lens benefit:** Standard plastic (CR-39 Plastic Material) single vision, bifocal and trifocal lenses are generally covered after any applicable materials copay. Plan allowances are listed below for specialty lenses. If the cost is greater than the plan’s benefits, you are responsible for the difference.
- **Contact lens benefit:** Members electing contact lenses instead of glasses may apply the contact lens allowance to any lenses in the provider’s collection. If the cost is greater than the plan’s benefits, you are responsible for the difference. The contact allowance will apply to the retail cost of contact lenses and to any professional fitting fee charged by the provider. Some providers, operating independently of the optical store, may charge separately for the fit and evaluation, permitting the contact lens benefit to be used fully for materials.

**Laser vision correction:** Discounts are available with participating surgery providers across the country (not an insured benefit)

### Monthly Premium Rates<sup>2</sup>:

Employee Only	\$6.12
Employee & Spouse	\$10.44
Employee & Child(ren)	\$11.06
Employee & Family	\$16.58

Rates are guaranteed 03/01/2020 to 03/01/2024 with 60% participation.

### Overview:

Vision Care Services	All Participating Providers	Out-of-Network
<b>Exam (1 per 12 month)</b>	\$10 Co-pay	Up to \$35
<b>Materials</b>	\$15 Co-pay	See Below
<b>Standard Plastic Lenses: (1 per 12 month)</b>		
Single Vision	Covered by Co-pay	Up to \$25
Bifocal	Covered by Co-pay	Up to \$40
Trifocal	Covered by Co-pay	Up to \$45
Lenticular	Covered by Co-pay	Up to \$80
Progressive	\$70 allowance	Up to \$45
<b>Lens Options:</b>		
Scratch resistant coating	Covered at Wal-Mart only	Not Covered
Polycarbonate Lenses for children to age 19	Covered	Not Covered
<b>Frames: (1 per 24 months)</b>		
Members choose from any frame available at provider locations.	Up to \$150 allowance	Up to \$70 retail
<b>Contact Lenses<sup>3</sup>: (1 per 12 months)</b> (Includes fit <sup>4</sup> , follow-up and materials)	\$0 Co-pay	
Elective	Up to \$150 allowance	Up to \$100
Medically Necessary	Covered	Up to \$150

1. Starmount internal data, 2017. Access points are sites where network providers see patients. Some providers may be available at more than one access point.

2. Final rates subject to home office underwriting verification of participation and other factors. Members must enroll for a minimum of 12 months.

3. Contact lenses are in lieu of eyeglass lenses and frames.

4. Some providers, such as Walmart, may charge for a contact lens fit and evaluation separately from your contact lens allowance, leaving the entire allowance for materials.

## Other Unum Vision specifications

**Dependent children:** Dependent age guidelines vary by state. Please refer to your policy certificate or contact customer service at 888-400-9304.

**Services not listed:** If you expect to require a vision service not included on this brochure, it may still be covered. Please contact customer service at 888-400-9304, to confirm your exact benefits.

This is a primary vision care benefit and is intended to cover only eye examinations and 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.

Some providers at optical and/or retail chains, such as Walmart, may charge for a contact lens fit and evaluation separately and apart from your contact lens allowance, leaving the entire allowance for materials.

Covered materials that are lost or broken will be replaced only at normal service intervals indicated in the Plan Design; however, these materials and any items not covered below may be purchased at Preferred Pricing from a Participating Provider. In addition, benefits are payable only for expenses incurred while the Group and individual Member coverage is in force.

## This plan will not cover:

Orthoptics or vision training and any supplemental testing; Plano (non-prescription) lenses; or two pair of eyeglasses in lieu of bifocals or trifocals;

Medical or surgical treatment of the eyes;

An eye exam or corrective eye wear required by an employer as a condition of employment;

Any injury or illness covered under Workers' Compensation or similar law, or which is work related;

Plain or prescription sunglasses or tinted lenses, and no-line bifocals and blended lenses (subject to allowance);

Sub-normal vision aids;

Services rendered or materials purchased outside the U.S. or Canada, unless: the insured resides in the U.S. or Canada, and the charges are incurred while on a business or pleasure trip;

Charges in excess of Usual and Customary for services and materials;

Experimental or non-conventional treatments or devices;

Safety eyewear;

Spectacle lens styles, materials, treatments or "add-ons" not shown in the Schedule of Benefits.

## 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.alwaysassist.com](http://www.alwaysassist.com) for a list of participating laser vision correction providers.

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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 Vision – VI-2002 and VI-2007 or contact your Unum Vision<sup>SM</sup> representative.

**Starmount Life Insurance Company**  
8485 Goodwood Boulevard • Baton Rouge, LA 70806  
PH: (888) 400-9304  
Policy Forms: Vision – VI-2002 and VI-2007

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

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