



GROUP VISION INSURANCE Powered by EyeMed

Coverage Effective Date: October 1, 2020 Rate Guarantee: 24 Months

	Frames: Once per 24 Months Monthly Premiums
Employee	\$5.94
Employee & Family	\$15.48

BENEFIT FREQUENCIES

	Frames: Once per 24 months
Exam	1 per 12 months
Std. Plastic Lenses	1 per 12 months
Frames	1 per 24 months
Contact Lenses	1 per 12 months



PLAN DESCRIPTION

	In-Network	Out-of-Network
EXAM		
Retinal imaging benefit (subject to provider availability)	\$10 copay \$39	Up to \$40 Not Covered
MATERIALS		
Standard plastic lenses:		
Single Vision	\$25 copay	Up to \$30
Bifocal	\$25 copay	Up to \$50
Trifocal	\$25 copay	Up to \$70
Lenticular	\$25 copay	Up to \$70
Standard Progressive Lens	\$90 copay	Up to \$50
Premium Progressive Lens		
Tier 1	\$110 copay	Up to \$50
Tier 2	\$120 copay	Up to \$50
Tier 3	\$135 copay	Up to \$50
Tier 4	\$90 copay, 80% of charge less than \$120 allowance	Up to \$50
Lens Options:		
Polycarbonate Lenses (Under age 19)	Covered	Up to \$32
FRAMES		
(Members may select any frame available)	\$120 retail allowance	Up to \$84
CONTACT LENSES		
In lieu of eyeglass lenses
Elective (Std Contacts)	\$120 allowance	Up to \$120
Medical Necessary	Covered	Up to \$210
Standard contact lens fitting exam fee	\$40	Not Covered

THE UNUM DIFFERENCE

DISCOUNTS: You get everyday member savings, like 40% off a complete second pair of prescription glasses from participating in-network providers. You also get extra savings on LASIK procedures or discounts on hearing health care and services.

VISION NETWORKS: Members have the freedom to choose any provider from EyeMed's Insight network. Our network offers the right mix of independent, national retail and regional retail providers like Lens Crafters, Pearle Vision, Target Optical, JC Penney, and Sears Optical. Members can also purchase glasses and contact lenses online at [Glasses.com](https://www.glasses.com) and [ContactsDirect.com](https://www.contactsdirect.com).

LASIK DISCOUNT

Find a provider 24/7 at [EyeMedVisionCare.com/Unum](https://www.eyemedvisioncare.com/unum).

We offer nationwide access to discounts on LASIK surgery through a partnership with TLC Vision. Discounts are also available with participating local providers. This is not an insured benefit. Visit our web site to find the specialist closest to you.



DISCOUNTS ON OPTICAL MATERIALS

Unum Vision Powered by EyeMed members will receive the following discounts on materials at in-network providers only:

- 40% off for a complete second pair of glasses.
- 20% off non-prescription sunglasses.
- 20% off remaining balance beyond plan coverage.

HEARING SAVINGS PLAN

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

Dependent Children:

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

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 for a list of participating laser vision correction providers.



PLAN INFORMATION

Coverage Exclusions and Limitations:

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, 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.

EyeMed Plan Number: 10000042