



Hattiesburg Public School District

# Unum Vision<sup>®</sup>



### Plan features:

- Our network offers members access to a large national network, including independent optometrists and retail stores like Walmart, Sam's Club, Target Optical, America's Best and many more.
- Find an in-network provider at [unumvisioncare.com](http://unumvisioncare.com)
- Manage benefits online with [AlwaysAssist.com](http://AlwaysAssist.com) and on-the-go with the AlwaysAssist mobile app.

### Covered benefits:

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

**Materials:** Each member has coverage for covered services and materials. 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 at right. 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, trifocal, and specialty lenses are generally covered after any applicable materials copay. If covered by plan allowance, you are responsible for any cost greater than the plan's benefit.
- **Contact lens benefit:** Members electing contact lenses instead of eye glass lenses 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.

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

### How much does it cost?

Monthly premium	
You	\$8.64
You and your spouse	\$17.64
You and your children	\$15.56
Family	\$24.18

### Unum Vision benefits:

Vision Care Services	In-network Providers	Out-of-network Allowances
<b>Exam</b> (1 per 12 months)	\$10 co-pay	Up to \$35
<b>Materials</b>	\$10 co-pay	See allowances below
<b>Standard Plastic Lenses</b> (1 per 12 months)		
Single Vision	Covered by co-pay	Up to \$25
Bifocal	Covered by co-pay	Up to \$40
Trifocal	Covered by co-pay	Up to \$50
Lenticular	\$80 allowance	Up to \$50
Progressive	\$70 allowance	Up to \$40
<b>Lens Options</b>		
Scratch Resistant Coating	Covered by co-pay (at Walmart only)	Up to \$32
Polycarbonate Lenses for children to age 19	Covered by co-pay	Not covered
<b>Frames</b> (1 per 24 months)	\$120 allowance (\$94 at Wal-Mart, Sams Club, and Costco**)	Up to \$50
Members choose from any frame available at provider locations.		
<b>Contact Lenses</b> (1 per 12 months)	No co-pay	See allowances below
In lieu of eyeglass lenses and frames (Includes fit*, follow-up and materials)		
Elective	\$130 allowance	Up to \$100
Medically Necessary	\$210 allowance	Up to \$210

\*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.

## 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.

## Hearing Savings Plan

Unum offers a Hearing Savings Plan at no additional cost, to all of its Unum Dental and Unum Vision members. Partnering with EPIC Hearing Healthcare, the Hearing Savings Plan provides:

- 30-60% discounts off MSRP on name brand hearing instruments.
- 40% savings on hearing aid batteries shipped directly to members' homes.
- On-call support for member questions, managed by professional hearing counselors.

## 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.

A Network Access plan is available.

THIS POLICY PROVIDES LIMITED BENEFITS

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, VI-2007 and VI-2019 or contact your Unum Vision representative.

Vision plans are underwritten by Starmount Life Insurance Company, Baton Rouge, LA

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Hattiesburg Public School District

# Unum Dental™



Dental Insurance can help you pay for dental exams, cleanings and other services.

### How does it work?

Good dental care is critical to your overall well-being. With Unum Dental insurance, you can get the attention your teeth need — at a cost you can afford.

Unum Dental allows you to see any dentist you choose. To get the most from your benefits and reduce out-of-pocket costs, choose an in-network provider by utilizing our large national network. These providers have agreed to file your claims and uphold the highest quality standards. You can find in-network providers at [unumdentalcare.com](http://unumdentalcare.com).



### Why is this coverage so valuable?

- ✓ Routine dental care keeps your mouth and whole body healthy.
- ✓ Your plan is backed by Unum's commitment to excellence in customer service.
- ✓ Personalized website and mobile app to manage your benefits including claims information, ID cards and more.
- ✓ There's no waiting period for preventive and basic services.

### What else is included?

#### Wellness benefits

Oral cancer screenings for patients 40 and older with high risk factors.

#### Unumdentalcare.com

Use [unumdentalcare.com](http://unumdentalcare.com) and the mobile app search for providers, manage your benefits and learn about good dental health. Features include easy access to ID Cards, claims history and coverage information.

#### Virtual Dental Visits

24/7 dental care for dental emergencies when an in-person visit isn't an option. Available for active dental members\*.

Visit [unumdentalcare.com](http://unumdentalcare.com) and click Virtual Dental Visits to get started.

#### Carryover benefits

Members who take care of their teeth, but use only part of their annual maximum benefit during a benefit period are rewarded with extra benefits in future years! Carryover benefits will be accrued and stored in the insured's carryover account to be used in the next benefit year.

The limits for this policy/certificate are:	High Plan Passive PPO	Low Plan Passive PPO
Carryover benefit	\$400	\$250
Threshold limit	\$800	\$500
Carryover account limit	\$1,500	\$1,000

\*Virtual dental visits are a preventive service and subject to policy year benefit maximum.

Covered Procedures & Waiting Periods	High Plan Passive PPO	Low Plan Passive PPO
<b>CLASS A PREVENTIVE SERVICES</b>	Waiting Period: None <ul style="list-style-type: none"> <li>• Routine exams (2 per 12 months)</li> <li>• Prophylaxis (2 per 12 months)</li> <li>• Bitewing x-rays (maximum of 4 films; 1 per 12 months)</li> <li>• Fluoride treatment for children up to age 16 (1 per 12 months)</li> <li>• Sealants for children up to age 16 (permanent molars, 1 per 36 months)</li> <li>• Space Maintainers for children up to age 16 (1 per 24 months)</li> <li>• Simple restorative services (fillings; Benefit allowed for amalgam restorations on posterior teeth)</li> </ul>	Waiting Period: None <ul style="list-style-type: none"> <li>• Routine exams (2 per 12 months)</li> <li>• Prophylaxis (2 per 12 months)</li> <li>• Bitewing x-rays (maximum of 4 films; 1 per 12 months)</li> <li>• Fluoride treatment for children up to age 16 (1 per 12 months)</li> <li>• Sealants for children up to age 16 (permanent molars, 1 per 36 months)</li> <li>• Space Maintainers for children up to age 16 (1 per 24 months)</li> </ul>
<b>CLASS B BASIC SERVICES</b>	Waiting Period: None <ul style="list-style-type: none"> <li>• Emergency Treatment (1 per 12 months)</li> <li>• Full mouth/panoramic x-rays (1 per 24 months)</li> <li>• Simple restorative services (fillings; Benefit allowed for amalgam restorations on posterior teeth)</li> <li>• Simple extractions</li> <li>• Oral Surgery (extractions and impacted teeth)</li> <li>• Anesthesia (subject to review, covered with complex oral surgery)</li> <li>• Repair of crown, denture or bridge</li> </ul>	Waiting Period: None <ul style="list-style-type: none"> <li>• Emergency Treatment (1 per 12 months)</li> <li>• Full mouth/panoramic x-rays (1 per 24 months)</li> <li>• Simple restorative services (fillings; Benefit allowed for amalgam restorations on posterior teeth)</li> <li>• Simple extractions</li> <li>• Oral Surgery (extractions and impacted teeth)</li> <li>• Anesthesia (subject to review, covered with complex oral surgery)</li> <li>• Repair of crown, denture or bridge</li> </ul>
<b>CLASS C MAJOR SERVICES</b>	Waiting Period: 12 months†† <ul style="list-style-type: none"> <li>• Inlays and onlays</li> <li>• Non-Surgical periodontics</li> <li>• Surgical periodontics (gum treatments)</li> <li>• Endodontics (root canals)</li> <li>• Crowns, bridges, dentures and endosteal implants (in lieu of a 2 or 3—unit bridge)</li> </ul>	
<b>CLASS D ORTHODONTICS</b>	Waiting Period: 12 months †† <ul style="list-style-type: none"> <li>• Annual Maximum: \$500</li> <li>• Separate Lifetime Maximum: \$1,000</li> <li>• Up to 25% of lifetime allowance may be payable on initial banding</li> <li>• Dependent children to age 19 only</li> </ul>	

Refer to your certificate of coverage for the services covered under your plan.



# Enrollment Form for Group Insurance

Underwritten by: **Starmount Life Insurance Company**  
 P.O. Box 98100 Baton Rouge, LA 70898-9100, (225)926-2888 or 1-888-729-5433

**1. MEMBER INFORMATION**       **A: Add (Enroll)**     **T: Terminate**       **C: Change (change of name or coverage)**

Group/Policyholder Name <b>Hattiesburg Public School District</b>		Group Number <b>443337</b>	Location		Effective Date
Gender <input type="checkbox"/> M <input type="checkbox"/> F	Last Name (Member or subscriber)	First Name	M.I.	Birth Date	Social Security Number
				Birth City:	
				Birth State:	
Home Street Address		City/State/Zip	Home Phone	Work Phone	Cell Phone
Email:					

Please include me in future communications regarding product offerings.     Yes     No  
 You may opt out at any time by contacting Customer Service.

**COMPLETED BY EMPLOYER**

Date of Hire	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time <input type="checkbox"/> Retiree If part time: Hrs worked per week: _____	Occupation	Class
Salary \$: _____ <input type="checkbox"/> Yearly <input type="checkbox"/> monthly <input type="checkbox"/> semi-monthly <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> hourly			

**2. FAMILY INFORMATION (Only those eligible may be enrolled. Use additional paper if needed) (Relationship – If Dependent is not your natural child, attach documentation of legal custody or adoption. If coverage is court ordered, attach a copy of the order.)**  
**Please include an email address for each dependent over Age 18.**

	Gender	Relationship	Last Name, First Name, MI, Email Address	Social Security #, Child Handicap Status	Date of Birth (mm/dd/yyyy)	Place of Birth (City and State)
<input type="checkbox"/> Add <input type="checkbox"/> Terminate <input type="checkbox"/> Change	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Husband <input type="checkbox"/> Wife Legally recognized <input type="checkbox"/> Civil Union Partner <input type="checkbox"/> Domestic Partner	(Spouse)	SS#		
			Email Address:			<b>U.S. Citizen:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Add <input type="checkbox"/> Terminate <input type="checkbox"/> Change	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Son <input type="checkbox"/> Stepson <input type="checkbox"/> Daughter <input type="checkbox"/> Stepdaughter <input type="checkbox"/> Other _____	(Dependent)	SS#	Date of Birth (mm/dd/yyyy)	Place of Birth (City and State)
			Email Address:	Handicapped: <input type="checkbox"/> Yes <input type="checkbox"/> No Age when Handicap began: _____	U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No Married: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Add <input type="checkbox"/> Terminate <input type="checkbox"/> Change	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Son <input type="checkbox"/> Stepson <input type="checkbox"/> Daughter <input type="checkbox"/> Stepdaughter <input type="checkbox"/> Other _____	(Dependent)	SS#	Date of Birth (mm/dd/yyyy)	Place of Birth (City and State)
			Email Address:	Handicapped: <input type="checkbox"/> Yes <input type="checkbox"/> No Age when Handicap began: _____	U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No Married: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Add <input type="checkbox"/> Terminate <input type="checkbox"/> Change	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Son <input type="checkbox"/> Stepson <input type="checkbox"/> Daughter <input type="checkbox"/> Stepdaughter <input type="checkbox"/> Other _____	(Dependent)	SS#	Date of Birth (mm/dd/yyyy)	Place of Birth (City and State)
			Email Address:	Handicapped: <input type="checkbox"/> Yes <input type="checkbox"/> No Age when Handicap began: _____	U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No Married: <input type="checkbox"/> Yes <input type="checkbox"/> No	

**3. BENEFIT ELECTIONS (Employer determines benefits available for election):**

<input type="checkbox"/> <b>Dental</b> <input type="checkbox"/> High <input type="checkbox"/> Low	<input type="checkbox"/> <b>Member Only</b> Monthly Premium \$37.91-High \$20.98-Low	<input type="checkbox"/> <b>Member/Spouse</b> Monthly Premium \$76.94-High \$41.96-Low	<input type="checkbox"/> <b>Member/Children</b> Monthly Premium \$83.33-High \$46.18-Low	<input type="checkbox"/> <b>Member/Family</b> Monthly Premium \$121.07-High \$68.20-Low	<input type="checkbox"/> Waive
	<input type="checkbox"/> <b>Vision</b>	<input type="checkbox"/> <b>Member Only</b> Monthly Premium \$8.64	<input type="checkbox"/> <b>Member/Spouse</b> Monthly Premium \$17.64	<input type="checkbox"/> <b>Member/Children</b> Monthly Premium \$15.56	<input type="checkbox"/> <b>Member/Family</b> Monthly Premium \$24.18



# AlwaysAssist<sup>SM</sup> Mobile App

## Benefit management at your fingertips

**Download the AlwaysAssist Mobile App for easy, on-the-go access to your ID cards, benefits, claims and more. It's simple, secure and free!**

### Features:

- › View and share member ID cards
- › Find in-network providers with click-to-call
- › Access benefit summaries & track claims
- › Registration is easy!

### How to get started:

- › Search for "AlwaysAssist" in the Apple App Store or Google Play, and download.
- › Login using your AlwaysAssist username and password. (Or, if you are not currently registered with AlwaysAssist, click the "Sign Up" button on the login screen.)
- › Provide the appropriate information, and sign in.



**TRY THE APP NOW!**



Scan this code to go directly to the app download page, or visit [bit.ly/AlwaysAssist-App](http://bit.ly/AlwaysAssist-App).

Available through:

