



Hattiesburg Public School District

Unum Vision[®]



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
- Manage benefits online with 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
Exam (1 per 12 months)	\$10 co-pay	Up to \$35
Materials	\$10 co-pay	See allowances below
Standard Plastic Lenses (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
Lens Options		
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
Frames (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.		
Contact Lenses (1 per 12 months)		
In lieu of eyeglass lenses and frames (Includes fit*, follow-up and materials)	No co-pay	See allowances below
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.