Pearl River Community College

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.
- Search for providers and manage your benefits online at unumvisioncare.com.

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)

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	Covered by co-pay	Up to $50
Progressive	$70 allowance	Up to $40
Lens Options		
Scratch Resistant Coating	Covered by co-pay (at Walmart only)	N/A
Polycarbonate Lenses for children to age 19	Covered by co-pay	Not covered
Frames (1 per 24 months) Members choose from any frame available at provider locations.	$130 allowance	Up to $50
Contact Lenses (1 per 12 months) In lieu of eyeglass lenses & frames (Includes fit*, follow-up and materials)	No co-pay	See allowances below
Elective	$125 allowance	Up to $100
Medically Necessary	Covered	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.

How much does it cost?

Monthly premium	
You	$8.31
You and your spouse	$16.98
You and your children	$14.97
Family	$23.28

2025 - 2026 Rates

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. Search for participating laser vision correction providers at unumvisioncare.com.

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 call our Contact Center 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 call our Contact Center 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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