

Lee County School District (MS)
Group Effective Date: January 1, 2019
Group Renewal Date: January 1, 2021
Group Number: 00836945
Unum Vision SM: V1401

Service	All Participating Providers	Out-of-Network Allowances
Exam (Once every 12 months)	\$10 Co-pay	Up to \$30
Standard Contact Lens Fitting Exam Fee*	\$30 Co-pay	Not Covered
Specialty Contact Lens Fitting Exam Fee*	\$50 allowance	Not Covered
Materials	\$15 Co-pay	
Std. Plastic Lenses: (Once every 12 months)		
Single Vision	Covered in Full	Up to \$25
Bifocal	Covered in Full	Up to \$40
Trifocal	Covered in Full	Up to \$60
Lenticular	Covered in Full	Up to \$100
Progressive	\$70 allowance	Up to \$40
Lens Options:		
Polycarbonate Lenses (Under age 19)	Covered	Not Covered
Standard Scratch Resistant Coating	Covered at WalMart Only	Not Covered
Frames: (Once every 24 months) (Member may select any frame available)	\$130 retail allowance	Up to \$65
Contact Lenses: (Once every 12 months)	\$0 Co-pay	
Elective (Std Contacts)	\$130 allowance	Up to \$100
Medical Necessary	Covered	Up to \$210
Laser Vision Correction:	Discounts are available with participating providers. This is not an insured benefit. Visit www.UnumVisionCare.com to find the specialist closest to you. Discounts subject to change.	

Special payment and reimbursement terms apply for materials purchases at Costco.

*The standard contact lens fitting exam fee applies to a new or existing contact lens user who wears spherical disposable, daily wear, or extended wear lenses only. The specialty contact lens fitting exam fee applies to a new or existing contact lens user who wears toric, gas-permeable, mono-fit or multi-focal lenses. Member is responsible for any charges over the \$50 allowance.

PROVIDERS: When you submit your claim, please list the following modifiers: '22' for specialty contact lens fit, Premium Progressive, Premium AR. '25' for Ultra Progressive and Ultra AR.