



Dental and Vision Insurance



Dental insurance

Helps protect your
family's oral health



Plan: Custom Plan, Passive PPO, 20-GDN

Deductible: \$50 per calendar year. MAX 3 PER FAMILY. Applies to Basic (Class B) and Major (Class C) Services

Coinsurance: The plan pays the following percentages of maximum allowable charges for each class:

	Plan Pays	Member Responsibility
Class A - Preventive	100%	0%
Class B - Basic	80%	20%
Class C - Major	50%	50%
Class D - Orthodontics	50%	50%

Benefit Maximum: \$1,500 per calendar year. (Includes Class A, B and C Services)

Carryover Benefit: The Carryover Benefits for this policy/certificate is **\$350**.

High Plan



Low Plan



Plan: Custom Plan, Passive PPO, 20-GDN

Deductible: \$50 per calendar year. MAX 3 PER FAMILY. Applies to Basic (Class B) and Major (Class C) Services

Coinsurance: The plan pays the following percentages of maximum allowable charges for each class:

	Plan Pays	Member Responsibility
Class A - Preventive	100%	0%
Class B - Basic	80%	20%
Class C - Major	50%	50%

Benefit Maximum: \$750 per calendar year. (Includes Class A, B and C Services)

Carryover Benefit: The Carryover Benefits for this policy/certificate is **\$150**.

Dental Insurance



What it does

As a Unum Dental member, you have the freedom to choose any dentist. Choosing an in-network dentist will provide you greater savings and a seamless experience.

THIS POLICY PROVIDES LIMITED BENEFITS.

A Dental Network Access Plan is available. This policy provides DENTAL insurance only. Virtual dental visits are a preventive service and subject to policy year benefit maximum. Virtual dentists do not prescribe controlled substances. All virtual dentists are in-network providers for Unum Dental®. Benefits may vary. Refer to your certificate for the services covered under your plan. The approved service area consists of all Massachusetts except Dukes and Nantucket Counties.



What it covers

In-network preventive care

- Routine Exams and cleaning (2 per 12 months)
- Bite-wing X-rays (1 per 12 months)
- Fluoride treatments and sealants (to age 16)

Basic services

- Restorations (fillings)
- Simple extractions
- Periodontics (gum treatment)
- Oral surgery (extractions/impactions)

Major services

- Endodontics (root canals)
- Inlays
- Onlays
- Crowns
- Bridges
- Dentures
- Implants
- Repair of crown, dentures, bridge

What you should know

- **Large national network**
Enjoy the convenience of access to any dentist in our large network. Visit unumdentalcare.com to find a dentist that is right for you.
- **Virtual Dental Visits 24/7**
Enjoy access to virtual dental visits when you have a dental emergency or can't go in person — when you're traveling, need care after hours, or don't have a regular dentist.
- **Online access**
Manage your dental benefits online by visiting unumdentalcare.com, your benefits management website.
- **888-400-9304**

Unum Dental® carryover benefits



Group Dental Insurance

Earn extra benefits just by taking care of your teeth

HOW IT WORKS

Each benefit year a member must have:

- ✓ One cleaning
- ✓ One regular exam
- ✓ Total dental claims paid during the year for preventive, basic and major services below the threshold limit

If all three criteria above are met, a portion of the annual maximum will carry over to the next year.

High Plan

Base Plan Annual Maximum	Threshold Limit	Carryover Amount	Carryover Account Maximum	Total Potential Annual Maximum
\$1,500	\$700	\$350	\$1,250	\$2,750

Low Plan

Base Plan Annual Maximum	Threshold Limit	Carryover Amount	Carryover Account Maximum	Total Potential Annual Maximum
\$750	\$300	\$150	\$500	\$1,250

OTHER SPECIFICATIONS

- Each covered family member receives their own carryover benefit.
- Carryover benefit must be in effect for one benefit year before any members can utilize carryover benefits.
- A member must be on the plan for a minimum of four months before accruing carryover benefits.
- Carryover benefit cannot be used toward orthodontia.
- A member's carryover account will be eliminated and the accrued carryover benefits lost if the insured has a break in coverage for any length of time or any reason.



In-network savings

Save going in-network with Unum Dental

For example, a crown:	
In-network dentist	
Network average negotiated fee¹	\$687
50% coinsurance**	$\$687 \times 50\% = \343.50
Plan pays	\$343.50
You pay³	\$343.50

For example, a crown:	
Out-of-network dentist	
Billed charge²	\$1,386
50% coinsurance**	$\$1,386 \times 50\% = \693
Plan pays	\$693
You pay³	\$693

**ASSUMES YOU'VE ALREADY SATISFIED \$50 DEDUCTIBLE

1 Network dentists have agreed to negotiated fees as payment in full for covered services.. Negotiated fees are subject to change.

2 Based on 90th percentile of usual and customary charges Unum internal data 2021.

3 Your payment is based on the negotiated fee or billed charge multiplied by the member's coinsurance for the covered service and assumes deductible has been met.

This is only an example. Eligibility for, entitlement to and amount of actual benefits are based on your policy. Please refer to the exclusions and limitations in the disclosures.

* Dental insurance usually pays 100% for periodic exams, cleanings and x-rays. Plans and benefits may vary.



Unum Vision insurance

Powered by EyeMed

Coverage to keep you and your family seeing clearly

It's easier than ever to make the most of your vision benefits, whether online or on the go.



Vision insurance



With Unum Vision powered by EyeMed, you 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 and many more.
- Other members-only offers on eyewear, LASIK, hearing aids and more
- Emergency eyewear, access to providers and 24/7 support for vision-care problems outside the U.S. with our International Travel Solution



Essential coverage

- Focus on maintaining your healthy vision instead of worrying about the cost of exams, glasses and contacts
- Order contacts and glasses online from popular brands such as LensCrafters.com, TargetOptical.com, Glasses.com, ContactsDirect.com and Ray-Ban.com
- Choose any frame or contact lens, including from top brands, with no restrictions
- Coverage available for employees, children and spouses



Mobilize your vision plan with the EyeMed app

Access your plan online anytime:

eyemedvisioncare.com/unum

For pre-authorizations, claim inquiries, benefit questions, please call:

855-652-8686

THIS POLICY PROVIDES LIMITED BENEFITS.

A Vision Network Access Plan is available.

The approved EyeMed Service Area consists of all of Massachusetts EXCEPT Nantucket County.



Unum Vision
powered by EyeMed



What it offers

Quality vision services with access to a large national network of eye care providers, special member discounts and options to order glasses and contacts online.

Essential Benefits

- In- and out-of-network benefits
- Flexible allowances and co-pays
- Fixed pricing on premium progressive lenses, anti-reflective coatings, and photochromatic lenses
- Full coverage on medically necessary contact lenses
- Extra savings at in-network providers
- Discounted pricing on eyewear, LASIK, hearing aids and more

THIS POLICY PROVIDES LIMITED BENEFITS.

A Vision Network Access Plan is available.

Special payment and reimbursement terms apply for material purchases at Costco. Additional discounts are not applicable.

Refer to your certificate for the services covered under your plan(s).

The approved EyeMed Service Area consists of all of Massachusetts EXCEPT Nantucket County.

For illustrative purposes only. Actual cost may vary. Please refer to the exclusions and limitations in the disclosures.

Vision plan services

- **Eye exams**
 - Once every 12 months
- **Eyeglass lenses**
 - Once every 12 months
- **Eyeglass frames**
 - Once every 12 months (high plan)
 - Once every 24 months (low plan)
 - 40% off second pair of glasses if in network
- **Contact lenses**
 - Once every 12 months
(in lieu of eyeglass lenses)

Access your plan online anytime: eyemedvisioncare.com/unum

Vision Care Services	In-network Member Cost	Out-of-network Reimbursements
Exam (1 per 12 months)	\$10 co-pay	Up to \$40
Retinal Imaging Benefit	Up to \$39	Not covered
Standard Plastic Lenses (1 per 12 months)		
Single Vision	\$25 co-pay	Up to \$30
Bifocal	\$25 co-pay	Up to \$50
Trifocal	\$25 co-pay	Up to \$70
Lenticular	\$25 co-pay	Up to \$70
Standard Progressive	\$25 co-pay	Up to \$50
Premium Progressive Lens		
Premium Progressive Tier 1	\$45 co-pay	Up to \$50
Premium Progressive Tier 2	\$55 co-pay	Up to \$50
Premium Progressive Tier 3	\$70 co-pay	Up to \$50
Premium Progressive Tier 4	\$25 co-pay (80% of charge less than \$120 allowance)	Up to \$50
Lens Options		
Polycarbonate Lenses (under age 19)	Covered	Up to \$32
Frames (1 per 12 months) Members may select any frame available	\$200 allowance	Up to \$91
Contact Lenses (1 per 12 months) In lieu of eyeglass lenses		
Elective	\$200 allowance	Up to \$130
Non-Elective	Covered	Up to \$210
Standard Contact Lens Fitting Exam Fee*	\$60 co-pay	Up to \$40

High Plan

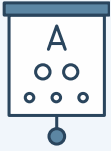


Low Plan



Vision Care Services	In-network Member Cost	Out-of-network Reimbursements
Exam (1 per 12 months)	\$20 co-pay	Up to \$40
Retinal Imaging Benefit	Up to \$39	Not covered
Standard Plastic Lenses (1 per 12 months)		
Single Vision	\$25 co-pay	Up to \$30
Bifocal	\$25 co-pay	Up to \$50
Trifocal	\$25 co-pay	Up to \$70
Lenticular	\$25 co-pay	Up to \$70
Standard Progressive	\$25 co-pay	Up to \$50
Premium Progressive Lens		
Premium Progressive Tier 1	\$45 co-pay	Up to \$50
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Premium Progressive Tier 3	\$70 co-pay	Up to \$50
Premium Progressive Tier 4	\$25 co-pay (80% of charge less than \$120 allowance)	Up to \$50
Lens Options		
Polycarbonate Lenses (under age 19)	Covered	Up to \$32
Frames (1 per 24 months) Members may select any frame available	\$130 allowance	Up to \$91
Contact Lenses (1 per 12 months) In lieu of eyeglass lenses		
Elective	\$130 allowance	Up to \$130
Non-Elective	Covered	Up to \$210
Standard Contact Lens Fitting Exam Fee*	\$60 co-pay	Up to \$40

Sample benefits



Eye exams

(Once every 12 months)

- Comprehensive eye exam
- Low \$10 or \$20 co-pay in-network
- Out-of-network reimbursements
- Many locations to choose from



Eyeglass lenses

(Once every 12 months)

- Single vision, bifocal, trifocal, lenticular and standard progressive lenses
- Low \$25 co-pay in-network
- Generous allowances for Premium Progressive Lenses



Eyeglass frames

(Once every 12 or 24 months)

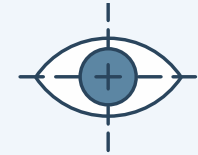
- Frame allowance
 - \$200 high
 - \$130 low
- No brand restrictions



Contact lenses

(Once every 12 months)

- Choice of contacts instead of eyeglass lenses
- Generous allowance for elective contacts
- Covered in-network for non-elective; generous allowance out-of-network
- Standard fitting fee covered in-network



LASIK surgery

- Discounts are available with participating providers across the country
- Not an insured benefit

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

How to file a claim

Vision powered by EyeMed and Dental

Product	Online	Mail	Email	Phone	Fax
Vision	eyemedvisioncare.com/unum	First American Administrators, Inc. Attn: OON Claims, P.O. Box 8504 Mason, OH 45040-7111	---	855-652-8686	---
Dental	Online filing not available	Claims Department P.O. Box 80139 Baton Rouge, LA 70898-0139	DentalClaims@Unum.com	888-400-9304	855-400-9307