We offer one vision plan through Unum. Choose from a large national network of providers, including independent optometrists and retail stores like Walmart, Sam's Club, Target Optical, America's Best and many more.

PLAN YEAR: SEPT 1, 2026 - AUG 31, 2027	VISION PLAN
EYE EXAM - EVERY 12 MONTHS	
Exam	$10 copay
MATERIALS	
Copay	$25 copay
LENSES - EVERY 12 MONTHS	
Single Vision, Bifocal, and Trifocal	Covered by copay
Lenticular	$80 allowance
Progressive	$70 allowance
FRAMES - EVERY 24 MONTHS	
Choose from any frame available at provider locations	$130 allowance
CONTACT LENSES - EVERY 12 MONTHS	
In Lieu of Glasses	$25 copay
Elective	$130 allowance
Medically Necessary	$210 allowance

WEEKLY COST FOR VISION COVERAGE

Coverage Tier	Weekly Cost
Employee Only	$1.13
Employee + Spouse	$2.26
Employee + Child(ren)	$2.44
Family	$3.84

VISION INSURANCE
Unum

www.unumvisioncare.com 1-888-400-9304