Yellow Tree Construction Services LLC (MN)
Group Effective Date: April 1, 2020
Group Renewal Date: April 1, 2022
Group Number: 00687949
Unum Vision SM: V1046

Service	All Participating Providers	Out-of-Network Allowances
Exam (Once every 12 months)	$10 Co-pay	Up to $35
Materials	$10 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 $50
Lenticular	$80 allowance	Up to $50
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 12 months) (Member may select any frame available)	$130 retail allowance	Up to $50
Contact Lenses: (Once every 12 months) **In lieu of eyeglass lenses & frames** **(Includes fit*, follow-up and materials)**	$10 Co-pay	
Elective (Std Contacts)	$130 allowance	Up to $100
Medical Necessary	$210 allowance	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.

*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.
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.

This brochure is a brief overview of your plan. It does not list all benefits, nor does it list all exclusions and limitations. For more complete information, please refer to the Certificate, or the employer's Master Policy.