

With AlwaysCare Vision & EyeMed Vision Care, the choice is YOURS!

- Choose from two different vision plan options
- Choose any available frame or brand of contact lenses available
- Thousands of private eye care professionals and optical retailers, including LensCrafters®, Target Optical®, most Sears Optical® and Pearle Vision® locations
- Visit www.enrollwitheyemed.com/access and select the "Access" network from the drop down box for a complete list of providers in your area

Enrolling in Group Basic or Enhanced Vision Plans is as easy as 1, 2, 3.

1	Log onto www.lastatevision.com . You can fill in the form and submit it online, OR...
2	Call us toll-free at 1-888-400-9303 (or 400-9303 in Baton Rouge). We'll fill out the enrollment form for you—right over the phone, OR...
3	See your human resources director for an enrollment form and more information.

The Companies Behind Your Plan

Baton Rouge-based Starmount Life Insurance Company

is a leading provider of group dental and vision benefits, and a part of Unum Group, one of the country's largest providers of voluntary workplace benefits. We cover more State of Louisiana Employees than any other dental plan. Starmount is rated A- (Excellent) for financial strength by A.M. Best as of April 2017 and was listed on the 2016 Ward's 50® Top Performers in life and health insurance.

EyeMed Vision Care, part of Luxottica Group, the world's leading eyeglass frame manufacturer, provides members with a diverse network that includes thousands of private practitioners and leading optical retailers including, LensCrafters®, Target Optical® and most Sears Optical® and Pearle Vision® locations.

MARKETED BY: Burke & Burke

5925 Line Avenue, Suite #2
Shreveport, LA 71106

1-800-301-1065 • 318-219-7874 • FAX 318-219-4121

QUESTIONS?

Contact us at LStateEmployees@StarmountLife.com
or call us toll-free at **1-888-400-9303**

(In Baton Rouge, 400-9303)

Enroll at: www.lastatevision.com

Provided by: EyeMed Vision Care

4000 Luxottica Place • Mason, OH 45040

Underwritten by: Starmount Life Insurance Company

The Starmount Building • P.O. Box 98100
Baton Rouge, LA 70898

Administered by: First American Administrators

4000 Luxottica Place • Mason, OH 45040

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AlwaysCare Vision Basic and Enhanced Group Vision Insurance Plans are the only insured vision plans authorized by the State Uniform Payroll System.

YOU HAVE OPTIONS!

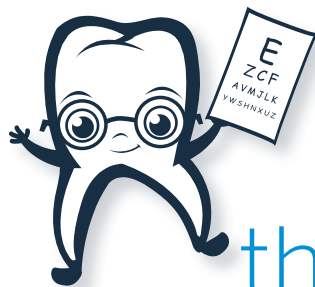
Pick the insurance plan that lets you choose the glasses or contact lenses that you want.



Visit www.lastatevision.com to enroll

eye med





Pick the plan that's right for you!

Basic Plan. This comprehensive plan offers low co-pays for eye exams and eyeglass lenses as well as generous allowances for your frames and contact lenses.

Enhanced Plan. This plan has all the great benefits of the Basic Plan but offers higher allowances for frames and contact lenses. This plan also offers allowances for Laser Vision Correction.

VISION RATES PER PAY PERIOD (Assumes 24 pay periods) Rates effective January 1, 2018 - December 31, 2018		
	BASIC	ENHANCED
EMPLOYEE ONLY	\$4.24	\$5.16
EMPLOYEE & 1 DEPENDENT	\$7.91	\$9.59
EMPLOYEE & FAMILY	\$11.38	\$13.58

Dependent Children. Dependent children are covered to age 26.

Other Features:

- 40% discount off of additional complete pair of eyeglasses after funded benefit has been used
- 15% off of conventional contact lenses once the funded benefit has been used
- 20% discount off any remaining balance over frame allowance
- 20% discount off of accessory items not covered by the plan

SUMMARY OF COVERED BENEFITS				
	BASIC PLAN		ENHANCED PLAN	
	EyeMed In-Network	Out-of-Network	EyeMed In-Network	Out-of-Network
EXAM (1 PER 12 MONTHS)	\$4 co-pay	\$30	\$4 co-pay	\$30
FRAMES (1 PER 12 MONTHS)	\$100 allowance, 20% off balance over \$100	\$45	\$150 allowance, 20% off balance over \$150	\$45
STANDARD PLASTIC LENSES (1 PER 12 MONTHS)				
• Single Vision	\$10 co-pay	\$20	\$10 co-pay	\$30
• Bifocal	\$10 co-pay	\$40	\$10 co-pay	\$45
• Trifocal	\$10 co-pay	\$40	\$10 co-pay	\$65
• Progressive	\$10 co-pay	\$40	\$10 co-pay	\$65
• Lenticular	\$10 co-pay	\$100	\$10 co-pay	\$105
LENS OPTIONS:				
• UV Coating	\$15	N/A	\$15	N/A
• Tint (Solid and Gradient)	\$15	N/A	\$15	N/A
• Standard Scratch-Resistance	\$15	N/A	\$15	N/A
• Standard Polycarbonate	\$40	N/A	\$40	N/A
• Standard Anti-Reflective Coating	\$45	N/A	\$45	N/A
• Other Add-Ons and Services	20% off retail		20% off retail	
CONTACT LENSES ^{a,b} (1 PER 12 MONTHS)				
• Conventional (+15% discount over allowance) & Disposable (+balance over allowance)	\$0 co-pay & \$75 allowance	\$75 \$75	\$0 co-pay & \$110 allowance	\$110 \$110
• Medically Necessary	Paid in full	\$150	Paid in full	\$210
• Fit & Follow-up (2 follow-up visits)				
Standard ^c	Up to \$55	N/A	Up to \$55	N/A
Premium ^d	10% off retail	N/A	10% off retail	N/A
LASER VISION CORRECTION ^{e,f} (once per lifetime per eye) Lasik or PRK	15% off retail price or 5% off promotional price	N/A	\$125 allowance per eye + 15% off retail price or 5% off promotional price	\$125 allowance per eye

^aContact Lenses in lieu of eyeglass lenses

^bContact Lens allowance is a one-time use allowance per benefit year

^cStandard Contact Lens Fitting-spherical clear contact lenses in conventional wear and planned replacement (Examples include but not limited to disposable, frequent replacement, etc.)

^dPremium Contact Lens Fitting-all lens designs, materials and specialty fittings other than the Standard Contact Lenses (Examples include toric, multifocal, etc.)

^eLaser vision benefit in lieu of all other covered benefits

^fMembers receive discount from the U.S. Laser Network, owned and operated by LCA Vision.

Plan Limitations & Exclusions. This plan will not cover:

- Orthoptic or vision training, subnormal vision aids, and any associated supplemental testing
- Medical and/or surgical treatment of the eye, eyes, or supporting structures
- Services provided as a result of any Worker's Compensation law
- Benefit is not available on certain frame brands in which the manufacturer imposes a no discount policy
- Corrective eyewear required by an employer as a condition of employment, and safety eyewear unless specifically covered under plan
- Plano non-prescription lenses and non-prescription sunglasses (except for 20% discount)
- Services or materials provided by any other group benefit providing for vision care
- Two pairs of glasses in lieu of bifocals
- Aniseikonic lenses

Policy Form Series IVI-2008-LA. This brochure is a brief overview of your Vision plan. It does not list all benefits, nor does it list all exclusions and limitations. For more complete information, please refer to your Certificate, or the employer's Master Policy, which will be issued when coverage becomes effective. Louisiana State benefit enrollment and termination rules apply. Contact your benefits administrator for details.