



## State of Tennessee - Expanded Plan Effective January 2023

### SUMMARY OF BENEFITS

VISION CARE SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK MEMBER REIMBURSEMENT
<b>EXAM SERVICES</b>		
Exam	\$0 copay	Up to \$50
Retinal Imaging	\$0 copay	Up to \$20
<b>CONTACT LENS FIT AND FOLLOW-UP</b>		
Fit and Follow-up – Standard	\$35 copay; contact lens fit and two follow-up visits	Up to \$20
Fit and Follow-up – Premium	\$45 copay	Up to \$20
<b>FRAME</b>		
Frame	\$0 copay; 20% off balance over \$150 allowance	Up to \$75
<b>STANDARD PLASTIC LENSES</b>		
Single Vision	\$15 copay	Up to \$55
Bifocal	\$15 copay	Up to \$60
Trifocal	\$15 copay	Up to \$60
Lenticular	\$15 copay	Up to \$90
Progressive – Standard	\$50 copay	Up to \$90
Progressive – Premium Tier	\$85 - \$175	Up to \$90
<b>LENS OPTIONS</b>		
Anti Reflective Coating – Standard	\$45	Not covered
Anti Reflective Coating – Premium Tier 1 - 3	\$70/\$85/\$120	Not covered
Photochromic – Non-Glass	\$50	Up to \$25
Polycarbonate – Standard	\$40	Up to \$10
Polycarbonate – Standard < 19 years of age	\$0 copay	Up to \$10
Scratch Coating – Standard Plastic	\$15	Up to \$10
Tint – Solid or Gradient	\$15	Up to \$10
UV Treatment	\$15	Up to \$10
Polarized	\$75	Not covered
All Other Lens Options	20% off retail price	Not covered
<b>CONTACT LENSES</b>		
Contacts – Conventional	\$0 copay; 15% off balance over \$150 allowance	Up to \$100
Contacts – Disposable	\$0 copay; 100% of balance over \$150 allowance	Up to \$100
Contacts – Medically Necessary	\$0 copay; paid in full	Up to \$210
<b>LOW VISION</b>		
Low Vision Comprehensive Examination	\$300 allowance	Up to \$300
Low Vision Supplemental Aids	\$300 allowance	Up to \$300
<b>OTHER</b>		
Hearing Care from Amplifon Network	Discounts on hearing exam and aids; call 1.877.203.0675	Not covered
LASIK or PRK from U.S. Laser Network	15% off retail or 5% off promo price; call 1.800.988.4221	Not covered
<b>FREQUENCY</b>	<b>ALLOWED FREQUENCY - ADULTS</b>	<b>ALLOWED FREQUENCY - KIDS</b>
Exam	Once every calendar year	Once every calendar year
Frame	Once every calendar year	Once every calendar year
Lenses	Once every calendar year	Once every calendar year
Contact Lenses	Once every calendar year	Once every calendar year
Low Vision Comprehensive Examination	Once every 2 calendar years	Once every 2 calendar years
Low Vision Supplemental Aids	Once every 2 calendar years	Once every 2 calendar years

(Plan allows member to receive either contacts and frame, or frames and lens materials)



# 40% OFF

additional complete pair of prescription eyeglasses

# 20% OFF

non-covered items, including non-prescription sunglasses\*

**Find an eye doctor**  
(Insight + Walmart Network)

- 855.779.5046
- [www.eyemed.com/stateoftn](http://www.eyemed.com/stateoftn)
- EyeMed Members App
- For LASIK, call 1.800.988.4221

**Heads up**

You may have additional benefits.

Log into [www.eyemed.com/stateoftn](http://www.eyemed.com/stateoftn) to see all plans included with your benefits.

Underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri, Policy number VC-146. This is a snapshot of your benefits. The Certificate of Insurance can be found on the PartNers for Health website. Following are general limitations and exclusions: Services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program where federal, state or subdivisions thereof; medical or surgical treatment, services or supplies for the treatment of the eye, eyes or supporting structures; orthoptic or vision training; subnormal vision aids and any associated supplemental testing; Anisekonic lenses; vision examination or any corrective vision materials required by a Policyholder as a condition of employment; safety eyewear; lost or broken lenses, frames, glasses or contact lenses that are replaced before the next Benefit Frequency when vision materials would next become available; refraction, when not provided as part of a comprehensive eye examination; solutions, cleaning products or frame cases; electronic vision devices, except as provided in the Low Vision Aids benefit; services rendered after the date an Insured Person ceases to be covered under the Policy, except when vision materials order before coverage ended are delivered and the services rendered to the Insured Person are within 31 days from the date of such order; fees charged by a Provider for services other than a covered benefit and any local, state or Federal taxes must be paid in full by the Insured Person to the Provider. such fees, taxes or materials are not covered under the policy; Allowances provide no remaining balance for future use within the same Benefit Frequency; some provisions, benefits, exclusions or limitations listed herein may vary by State.

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## Your network is the place to start

See who you want, when you want. You have thousands of providers to choose from – independent eye doctors, your favorite retail stores, even online options.

## Keep your eyes open for extra discounts

Take a look at exclusive member-only discounts and deals on frames and lenses, contacts, eye exams and more on our member portal.

## Remember, you're never alone

We're always here to help you use your benefits like a pro. Stay in-the-know with text alerts or healthy vision resources from the experts. If it can make benefits easier for you, we do it.

**PARTNERS  
FOR HEALTH**



## Members can create an account at [www.eyemed.com/stateoftn](http://www.eyemed.com/stateoftn)

Everything is right there in one spot. Check claims and benefits, see special offers and find an eye doctor – search for one with the hours, location and brands you want. For maximum mobility, try the EyeMed Members App (Google Play or App Store).

