# PARTNERS FOR HEALTH



2026 Vision Plan Handbook State
of Tennessee
Plan benefits effective Jan. 1, 2026

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### Introduction

The State of Tennessee Group Insurance Program offers two vision insurance options, Basic and Expanded. Both plans provide different levels of benefits towards an eye exam for enrolled members and benefits towards eyeglasses or contacts. The differences for in-network benefits are summarized below, but please refer to the summary of benefit pages for full details of each plan.

Basic: The Basic Plan covers the eye exam in full after a \$10 copay. In addition the Basic Plan covers the frame allowance for the first \$105 of the frame cost and 20% off the cost above the allowance. Or, you can elect to use the \$105 allowance towards contact lenses. Please note that the exam and lens frequency is once every calendar year and once every two calendar years for frames.

Expanded: The Expanded Plan covers the eye exam in full with no copay. The frame allowance is \$150 for the Expanded Plan every calendar year and 20% off the cost above the allowance. The contact lens benefit for the expanded plan is \$150 towards contacts. In addition, the Expanded Plan has several additional discounts or fixed costs on certain add ons. For example, progressive lenses (no-line bifocals) have fixed copays depending on the level that you and your provider select.

Please note, additional discounts above the plan coverage are not available with all providers.

EyeMed Customer Service can be contacted at: 1.855.779.5046 Monday through Friday 7 a.m. - 10 p.m. CT and Sunday 10 a.m. - 7 p.m. CT. Additional information on the vision plans may also be found on the EyeMed website at: eyemed.com/stateoftn.

At this time, we do not coordinate benefits so all claims will be processed as primary. Our goal is to provide maximum benefit to our members. Because of this, we're able to simplify the administrative process for our network providers and offer faster turnaround time on our claims processing for members.

To be eligible for coverage, an employee must be employed by an agency that is participating in the State of Tennessee Voluntary Group Vision Insurance Plan, and a retiree must retire from an agency that is participating in the state vision insurance plan at the time of the retirement and continues to offer the state vision insurance plan. An employee or retiree's participation in the State Group Vision Insurance Plan is required for participation of eligible dependents, EXCEPT when dependents are allowed to remain enrolled in the State Group Vision Insurance Plan due to the retiree's death or applicable COBRA regulations. Participation by those enrolled in the State Group Vision Insurance Plan is on a calendar year basis, and enrollment may only be changed or cancelled by the subscriber during the Annual Enrollment Period for the beginning of the next calendar year or if they experience an event permitting Mid-Year Enrollment or Mid-Year Cancellation of Coverage as provided in the Certificate of Coverage.



### State of Tennessee - Basic Plan



Effective January 2026

40% OFF

additional complete pair of prescription eyeglasses\*

20% FF

non-covered items, including nonprescription sunglasses\*

### Find an eye doctor

(Insight + Walmart

Network)

- 855.779.5046
- www.eyemed.com/ stateoftn
- EyeMed Members App
- For LASIK, call
   1.800.988.4221

### Heads up

benefits.

You may have additional benefits.
Log into www.eyemed.com/ stateoftn to see all plans included with your

SUMMARY OF BENEFITS			
VISION CARE SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK MEMBER REIMBURSEMENT	
EXAM SERVICES Exam Retinal Imaging	\$10 copay Up to \$39	Up to \$40 Not covered	
CONTACT LENS FIT AND FOLLOW-UP Fit and Follow-up – Standard	\$40 copay; contact lens fit and two follow-up visits	Up to \$5	
Fit and Follow-up - Premium	\$50 copay	Up \$5	
FRAME Frame	\$0 copay; 20% off balance over \$105 allowance	Up to \$55	
STANDARD PLASTIC LENSES Single Vision Bifocal Trifocal Lenticular Progressive – Standard Progressive – Premium Tier 1 – 4	\$20 copay \$20 copay \$20 copay \$20 copay \$90 copay \$110/\$140/\$155/\$225	Up to \$55 Up to \$55 Up to \$55 Up to \$55 Up to \$55 Up to \$55 Up to \$55	
LENS OPTIONS Anti Reflective Coating – Standard Anti Reflective Coating – Premium Tier 1 – 3 Photochromic – Non-Glass Polycarbonate – Standard Polycarbonate – Standard < 19 years of age Scratch Coating – Standard Plastic Tint – Solid and Gradient UV Treatment Polarized All Other Lens Options	\$45 \$57/\$68/\$85 \$75 \$40 \$0 copay \$15 \$15 \$15 \$90 20% off retail price	Up to \$5 Up to \$5 Not covered Not covered Up to \$10 Not covered Not covered Not covered Up to \$5 Not covered Up to \$5 Not covered	
CONTACT LENSES Contacts – Conventional	\$0 copay; 15% off balance over \$105 allowance	Up to \$75	
Contacts - Disposable	\$0 copay; 100% of balance over \$105 allowance	Up to \$75	
Contacts – Medically Necessary	\$155 allowance	Up to \$80	
LOW VISION Low Vision Supplemental Testing Low Vision Aids	\$300 allowance \$300 allowance	Up to \$300 Up to \$300	
OTHER Hearing Care from Amplifon Network	Up to 66% off hearing 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	
FREQUENCY Exam Frame	ALLOWED FREQUENCY - ADULTS Once every calendar year Once every 2 calendar years	ALLOWED FREQUENCY - KIDS Once every calendar year Once every 2 calendar years	
Lenses Contact Lenses	Once every calendar year Once every calendar year	Once every calendar year Once every calendar year	
Low Vision Supplemental Examination Low Vision Aids (Plan allows member to receive either contacts an	Once every 2 calendar years Once every 2 calendar years nd frame, or frames and lens servic	Once every 2 calendar years Once every 2 calendar years es)	

\*Additional discounts above the plan coverage are not available with all providers.

EyeMed reserves the right to make changes to the products available on each tier. All providers are not required to carry all brands on all tiers. For current listing of brands by tier, call 866.939.3633. No benefits will be paid for services or materials connected with or charges arising from: medical or surgical treatment, services or supplies for the treatment of the eye, eyes or supporting structures; Refraction, when not provided as part of a Comprehensive Eye Examination; services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; any Vision Examination or any corrective Vision Materials required by a Policyholder as a condition of employment; safety eyewear; solutions, cleaning products or frame cases; non-prescription sunglasses; plano (non-prescription) lenses; plano (non-prescription) contact lenses; two pair of glasses in lieu of bifocals; electronic vision devices; services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order; or lost or broken lenses, frames, glasses, or contact lenses that are replaced before the next Benefit Frequency when Vision Materials would next become available. 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. Plan discounts cannot be combined with any other discounts or promotional offers. In c



### State of Tennessee - Expanded Plan



Effective January 2026

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40% OFF

additional complete pair of prescription eyeglasses\*

20% FF

non-covered items, including nonprescription sunglasses\*

### Find an eye doctor

(Insight + Walmart

Network)

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- 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 to see all plans included with your benefits.

SUMMARY OF BENEFITS		
VISION CARE SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK MEMBER REIMBURSEMENT
EXAM SERVICES		
Exam Retinal Imaging	\$0 copay \$0 copay	Up to \$50 Up to \$20
CONTACT LENS FIT AND FOLLOW-UP	+	TP 10 4-1
Fit and Follow-up - Standard	\$35 copay; contact lens fit and	Up to \$20
Fit and Follow-up – Premium	two follow-up visits \$45 copay	Up to \$20
FRAME Frame	\$0 copay; 20% off balance over \$150 allowance	Up to \$75
STANDARD PLASTIC LENSES	A.=	
Single Vision Bifocal	\$15 copay \$15 copay	Up to \$55 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 1 - 4	\$85/\$110/\$150/\$175	Up to \$90
LENS OPTIONS	A 1-	
Anti Reflective Coating - Standard	\$45	Up to \$5
Anti Reflective Coating – Premium Tier 1 – 3 Photochromic – Non-Glass	\$57/\$68/\$85 \$50	Up to \$5 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 and Gradient	\$15	Up to \$10
UV Treatment	\$15	Up to \$10
Polarized	\$75	Up to \$5
All Other Lens Options	20% off retail price	Not covered
CONTACT LENSES		
Contacts – Conventional	\$0 copay; 15% off balance over	Up to \$100
	\$150 allowance	
Contacts - Disposable	\$0 copay; 100% of balance over \$150 allowance	Up to \$100
Contacts - Medically Necessary	\$0 copay; paid in full	Up to \$210
LOW VISION		
Low Vision Supplemental Testing	\$300 allowance	Up to \$300
Low Vision Aids	\$300 allowance	Up to \$300
OTHER Hearing Care from Amplifon Network	Up to 66% off hearing aids; call	Not covered
	1.877.203.0675	
LASIK or PRK from U.S. Laser Network	15% off retail or 5% off promo price; call 1.800.988.4221	Not covered
	ALLOWED FREQUENCY -	ALLOWED FREQUENCY -
FREQUENCY	ADULTS	KIDS
Exam Frame	Once every calendar year Once every calendar year	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 Supplemental Examination	Once every 2 calendar years	Once every 2 calendar years
Low Vision Aids	Once every 2 calendar years	Once every 2 calendar years
(Plan allows member to receive either contacts a	na trame, or trames and lens servic	ces)

\*Additional discounts above the plan coverage are not available with all providers.

EyeMed reserves the right to make changes to the products available on each tier. All providers are not required to carry all brands on all tiers. For current listing of brands by tier, call 866.939.3633. No benefits will be paid for services or materials connected with or charges arising from: medical or surgical treatment, services or supplies for the treatment of the eye, eyes or supporting structures; Refraction, when not provided as part of a Comprehensive Eye Examination; services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; any Vision Examination or any corrective Vision Materials required by a Policyholder as a condition of employment; safety eyewear; solutions, cleaning products or frame cases; non-prescription sunglasses; plano (non-prescription) lenses; plano (non-prescription) contact lenses; two pair of glasses in lieu of bifocals; electronic vision devices; services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order; or lost or broken lenses, frames, glasses, or contact lenses that are replaced before the next Benefit Frequency when Vision Materials would next become available. 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. Plan discounts cannot be combined with any other discounts or promotional offers. In c

# Got questions? We've got answers.

### HOW DO I USE MY BENEFITS?

It's a lot easier than other kinds of benefits you might have. Just choose an in-network eye doctor from the Enhanced Provider Search on eyemed.com/stateoftn, schedule your visit and go in for care or eyewear. You don't even need your ID card if you don't have it-just give them your name. When you stay in-network, we'll handle all the paperwork.

### CAN I VIEW MY EYEMED BENEFITS ONLINE?

Yes, you can view your benefits and do a lot more on our secure member portal – such as print an ID card, check the status of a claim, locate a provider and download an explanation of benefits.

### HOW DO I GET ON-THE-GO ACCESS?

Download the EyeMed Members App (App Store or Google Play) to get the same features, plus the ability to save a vision prescription, set an eye exam reminder or save your ID card to your wallet (iOS only).

### HOW DO I SUBMIT A CLAIM?

When you see one of our in-network providers, we take care of all the paperwork. If you visit an out-of-network provider, you'll need to pay during the visit and submit a claim form online for reimbursement. Remember to upload an itemized paid receipt with your name included.

# WILL I GET AN ID CARD? HOW DO I ORDER REPLACEMENTS OR EXTRA CARDS?

We send two ID cards in the subscriber's name when you join EyeMed, but you don't have to have it when you visit your eye doctor. If you lose your card or need extras for your family, you can print a replacement on the member portal. Or, to pull up a digital version anytime, anywhere, download the EyeMed Members App through the App Store or Google Play.

### HOW DO I FIND AN EYE DOCTOR IN THE NETWORK?

Our Enhanced Provider Search on eyemed.com/stateoftn has more than 100,000 network providers to choose from. You can filter your search to find ones near you that have the frame brands, hours and services you want most.



### DOES EYEMED OFFER ANY ADDITIONAL DISCOUNTS?

We sure do. At participating in-network providers, members get extra savings like 40% off complete additional pair of eyeglasses or 20% off non-prescription sunglasses and accessories. (These discounts are for in-network providers only who have agreed to accept these additional discounts. Benefits may not be combined with any discount, promotional offering, or other group benefit plans. Additional limitations and exclusions may apply. Log in to member portal for full details.)

Don't like wearing glasses or contacts? No problem. We also offer discounts on LASIK laser vision correction. Learn more about LASIK or call 1.800.988.4221 to find a US Laser Network provider.

### HOW CAN I SEE INFORMATION ABOUT MY DEPENDENTS?

If they're under the age of 18, their information will be listed with yours on the member portal. But, due to privacy rules, dependents 18 or older won't be listed there. They'll need to register for their own account.

### CAN I USE MY BENEFITS ONLINE?

Absolutely. Apply EyeMed benefits in your shopping cart at many popular online eyewear stores, with free shipping, free returns and no paperwork. Visit any of our online network options:

• lenscrafters.com

- targetoptical.com
- contactsdirect.com

· ray-ban.com

## CAN I USE FSA FUNDS AFTER MY EYEMED BENEFIT IS APPLIED?

Sure. A flexible spending account is great for paying for a variety of health-related out-of-pocket expenses, including vision care. You can use FSA money for the eye exam copay, prescription glasses or contact lenses, supplies such as contact lens solution, even LASIK surgery. Vision care out-of-pocket costs are also eligible for health savings account reimbursement, though these expenses don't count toward your annual deductible. If you are enrolled in a consumerdriven health plan, or CDHP, you can't have a general purpose health care FSA, but you may have access to and be able to enroll a limited purpose FSA which is just for vision and/or dental expenses. You may use the funds in your limited purpose FSA after your EyeMed benefit is applied as well, for copayments or coinsurance.

# I DON'T WEAR GLASSES AND CAN SEE FINE. WHY DO I NEED AN EYE EXAM?

Getting an eye exam isn't just about needing glasses. It's also about your health. An eye exam can detect eye health problems like glaucoma or cataracts, but it may also help identify signs of serious diseases, like high blood pressure, diabetes and high cholesterol – just to name a few.¹ We talk about the vision/health link a lot at eyesiteonwellness.com.



### AT WHAT AGE SHOULD MY CHILD FIRST VISIT THE EYE DOCTOR?

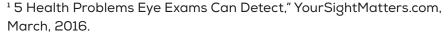
The American Optometric Association recommends a first eye exam with an optometrist or ophthalmologist between 6 months and 1 year of age.² The doctor may check for things like nearsightedness, farsightedness, astigmatism, amblyopia (or "lazy eye"), proper eye movement and eye alignment and how the eye reacts to light and darkness. They also recommend an exam between the ages of 3 and 5, and every year after that. During these exams, many doctors may do a comprehensive eye exam and vision screening tests, depending on the child's vision needs. To learn more about your child's vision, visit eyesiteonwellness.com.

# MY CHILD GETS A VISION SCREENING AT SCHOOL. IS THERE STILL A NEED FOR AN EYE EXAM?

A vision screening does not take the place of an eye exam. Generally, they check a child's ability to see far away and check for color blindness, but a comprehensive eye exam evaluates the entire structure of the eye and also allows the doctor to view nerves and blood vessels, providing a glimpse into a child's overall health. Eye doctors may also check for farsightedness, which is more common in younger children.<sup>3</sup>

### HOW OFTEN SHOULD I GET AN EYE EXAM?

Vision changes can happen slowly – you may not even notice it. Annual eye exams are a good rule of thumb unless your doctor suggests more frequent checks; we suggest making it part of your regular preventive care routine.



<sup>&</sup>lt;sup>2</sup> Recommended eye examination frequency for pediatric patients and adults," American Optometric Association, https://www.aoa.org/patients-and-public/caring-for-your-vision/comprehensive-eye-and-vision-examination/recommended-examination-frequency-for-pediatric-patients-and-adults. Accessed January 2019.

<sup>3</sup> All About Vision, "Vision Problems of Preschool Children," Oct. 26, 2017, http://www.allaboutvision.com/parents/preschool.htm











# HOW TO: mobilize your vision plan

### EYEMED MEMBERS APP

Our member app was the first of its kind. But innovation – like your life – never stops. The EyeMed Members App is packed with ahead-of-the-game resources wherever you are. Before, during and after your eye appointment.

Get the latest EyeMed Members App:

- DOWNLOAD Search "EyeMed Members" in your App store, iTunes or Google Play.
- 2. OPEN You can use some features right away; others unlock once you register.
- 3. REGISTER You'll need your member ID or the last four digits of your social security number.
- 4. LOG IN If you've already registered on eyemed.com, you can log onto the app the same way.

	Ready when you download	Unlocked when you register
Find nearby network providers	•	
On-the-fly appointment scheduling	•	
Turn by turn directions and map	•	
Eye exam and contact lens reminders		•
Electronic ID card for office visits		•
Save vision prescriptions*		•
Benefit plan details		•
Answers to common questions	•	
Special offers and discounts		•
Direct line to EyeMed support	•	

### SEE THE GOOD STUFF

Register on eyemed.com/stateoftn or grab the member app (App Store or Google Play) now

\* Take a picture of your prescription and store it in your app. No need to type in the numbers.

















# There's more in store – online

### IN-NETWORK, ONLINE, OUTSTANDING.

Eyesight changes. How you buy eyewear is changing, too. That's why you have several online shopping options to go with the thousands of store locations. We believe in benefits without boundaries.

Shop and buy frames, contacts and sunglasses, just like you would in the store – but from your computer, smartphone or tablet. It's fast, it's easy and it's all built into your vision benefits.

### **CONVENIENT ONLINE SHOPPING**

- Choose from hundreds of brand-name frames and contacts.
- Instantly apply your in-network benefits at checkout.
- Enjoy free shipping and returns.

LensCrafters"	lenscrafters.com
OPTICAL <sup>®</sup>	targetoptical.com
Ray-Ban	ray-ban.com
GLASSES.com	glasses.com
<b>contacts</b> direct	contactsdirect.com

### DON'T HAVE A CURRENT PRESCRIPTION?

Our provider locator on eyemed.com/stateoftn and the EyeMed Members App will help you find the right place for an eye exam

### SEE THE GOOD STUFF

Register on eyemed.com/stateoftn or grab the member app (App Store or Google Play) now













# A site for sore eyes

### GET EXPERT ADVICE YOU CAN USE

Your eyes weigh about one ounce each. They have two million working parts. They determine 80% of your memories.

We admit it—we're amazed by your eyes. So strong. So delicate. So necessary. A website entirely focused on their care and well-being just makes sense. So we've collected eye care wisdom and advice from vision experts all in one spot. One eye-friendly, health-savvy, article-packed spot.

Introducing eyesiteonwellness.com

### ARTICLES FOR ALL THINGS VISION



### **HEALTHY VISION**

Your precious little peepers are surrounded by danger and disease. But you can protect them. Maybe even make them better. We'll show you how.



### **EYEWEAR STYLE & CARE**

What to think of first – and how to make it last. Let's make sure your contacts, glasses or shades fit your life. And your personality. And your look.



### **VISION BY AGE**

Eyes change with time. So do your vision needs. Learn how to look after eyes of all ages.



### **VISION TECHNOLOGY**

Technology is transforming vision right before our eyes. How does the digital experience do things differently? The answers are right here.

### INTERESTING + ACTIVE = INTERACTIVE

What's it like to see with cataracts? Who invented sunglasses? What do round frames say about you? Find these answers and more in our collection of video clips, quizzes, tools and vision simulators.

### SEE THE GOOD STUFF

Register on eyemed.com/stateoftn or grab the member app (App Store or Google Play) now





LENSCRAFTERS'







# Hear all the sweet sounds of life

Hearing loss is more common than you might think. It affects one in nine Americans<sup>1</sup> and can come on so gradually you may not even notice it. But the good news is 95% of hearing loss can be easily treated with hearing aids.<sup>1</sup>

That's why we give you access to affordable hearing care discounts through Amplifon, the nation's largest independent hearing discount network—so you can enjoy all of life's sights and sounds.

### YOUR HEARING DISCOUNT THROUGH AMPLIFON INCLUDES:



Up to 64% off hearing aids at thousands of convenient locations nationwide<sup>2</sup>



Free batteries for two years with initial purchase





Three year warranty and loss and damage coverage



thousands of hearing aids
60-day hearing aid

Discounted, set pricing on



trial period with no restocking fees



Call 877.203.0675 to find a hearing care provider near you and schedule a hearing exam today.

### SEE THE GOOD STUFF

Register on eyemed.com/stateoftn or grab the EyeMed app (App Store or Google Play)



<sup>1</sup>https://www.amplifonusa.com/hearing-loss <sup>2</sup>Savings based on Amplifon Hearing Health Care average member savings data for 2020



### **Special Notices:**

Benefits Administration does not support any practice that excludes participation in programs or denies the benefits of such programs on the basis of race, color, national origin, sex, age or disability in its health programs and activities. If you have a complaint regarding discrimination, please call 615.532.9617.