

Summary of Benefits (Basic):



State of Tennessee Basic Plan (Effective 1/1/2015)

SUMMARY OF BENEFITS

Vision Care Services	In-Network Member Cost	Out-of-Network Reimbursement*
Exam With Dilation as Necessary	\$0 Copay	Up to \$90
Contact Lens Fit and Follow-Up (Contact lens fit and follow up visits are available once a comprehensive eye exam has been completed)		
Standard Contact Lens Fit & Follow-Up	Up to 85% of Charge	N/A
Premium Contact Lens Fit & Follow-Up	Up to 85% of Charge	N/A
Frames ∞	80% of balance over \$50	Up to \$50 on Frame and Lens
Standard Plastic Lenses		
Single Vision	80% of balance over \$50	
Bifocal	80% of balance over \$50	
Trifocal	80% of balance over \$50	
Lenticular	80% of balance over \$50	
Standard Progressive Lens	80% of balance over \$50	
Premium Progressive Lens	80% of balance over \$50	
Lens Options (paid by the member in addition to the price of the lens)		
UV Treatment	80% of Charge	
Tint (Solid and Gradient)	80% of Charge	
Standard Plastic Scratch Coating	80% of Charge	
Standard Polycarbonate—Adults	80% of Charge	
Standard Polycarbonate—Kids under 19	80% of Charge	
Standard Anti-Reflective Coating	80% of Charge	
Polarized	80% of Charge	
Other Add-Ons and Services	80% of Charge	
Contact Lenses (Contact lens allowance includes materials only) ∞		
Conventional	85% of balance over \$50	Up to \$25
Disposable	Balance over \$50	Up to \$25
Medically Necessary†	Balance over \$150	Up to \$75
Laser Vision Correction		
LASIK or PRK from U.S. Laser Network	85% of retail price, 95% of promotional price	N/A
Additional Pairs Discount	Members also receive a 40% discount off complete pair eyeglass purchase and 15% off conventional contact lenses once the funded benefit has been used.	N/A
Frequency - In & Out-of-Network		
Examination	Once every calendar year	
Lenses or Contact Lenses	Once every calendar year	
Frame	Once every two calendar years	
Monthly Premium - In & Out-of-Network		
Employee	\$3.35	
Employee + Children	\$6.69	
Employee + Spouse	\$6.35	
Employee + Family	\$9.83	

Get connected

• You're on the SELECT Network**

**If you are not enrolled and want more information, plus a complete list of providers near you, go to the State of TN website: www.eyemedvisioncare.com/stoftnoe.

If you are currently enrolled, you may visit www.eyemedvisioncare.com/stoftn to register for full access to benefits, providers, claims and ID cards. You can also call 1-855-779-5046.

- For LASIK providers, call 1.877.5LASER6.
- Visit our mobile optimized site or download the new EyeMed iPhone app to view your ID card, see coverage details and find a provider near you.
- Order replacement contact lenses by mail at: www.eyemedcontacts.com

* If medically necessary as first contact lenses following cataract surgery, or multiple pairs of rigid contact lenses for treatment of keratoconus. General Limitations and Exclusions: Treatment of injury or illness covered by Workers' Compensation or Employer's Liability Laws. Services received without cost from any federal, state or local agency. This exclusion will not apply if prohibited by law. Cosmetic Surgery or procedures for purely cosmetic reasons. Charges by any hospital or other surgical or treatment facility and any additional fees charged by the vision for treatment in any such facility. Services by a vision provider beyond the scope of his or her license. Vision services for which the patient incurs no charge. Vision services where charges for such services exceed the charge that would have been made and actually collected if no coverage existed. Underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri, except in New York. Fidelity Security Life Policy number VC-19/VC-20, form number M-9132TN. This is a snapshot of your benefits. †Plan allowance and discounts do not apply to this service.

∞ Benefit allowances provide no remaining balance for future use within the same benefit frequency.

Summary of Benefits (Expanded):


**State of Tennessee
Expanded Plan (Effective 1/1/2015)**


SUMMARY OF BENEFITS

Vision Care Services	In-Network Member Cost	Out-of-Network Reimbursement*
Exam With Dilation as Necessary	\$10 Copay	Up to \$45
Retinal Imaging	Up to \$39	N/A
Contact Lens Fit and Follow-Up (Contact lens fit and follow up visits are available once a comprehensive eye exam has been completed)		
Standard Contact Lens Fit & Follow-Up	Up to \$60	N/A
Premium Contact Lens Fit & Follow-Up	Up to \$60	N/A
Frames **	80% of balance over \$115	Up to \$70
Standard Plastic Lenses		
Single Vision	\$15 Copay	Up to \$30
Bifocal	\$15 Copay	Up to \$50
Trifocal	\$15 Copay	Up to \$65
Lenticular	\$15 Copay	Up to \$65
Standard Progressive Lens	\$55 Copay	Up to \$50
Premium Progressive Lens [†]	\$75 - \$100	
Tier 1	\$75	Up to \$50
Tier 2	\$85	Up to \$50
Tier 3	\$100	Up to \$50
Tier 4	\$55, 80% of charge less \$120 Allowance	Up to \$50
Lens Options (paid by the member in addition to the price of the lens)		
UV Treatment	\$10 Copay	Up to \$5
Tint (Solid and Gradient)	\$25	N/A
Standard Plastic Scratch Coating	\$15	N/A
Standard Polycarbonate—Adults	\$30 Copay	Up to \$5
Standard Polycarbonate—Kids under 19	\$0 Copay	Up to \$5
Standard Anti-Reflective Coating	\$45	N/A
Premium Anti-Reflective Coating [‡]	\$57 - \$68	
Tier 1	\$57	N/A
Tier 2	\$68	N/A
Tier 3	80% of charge	N/A
Photochromic/Transitions	\$70	Up to \$5
Polarized	80% of Charge	N/A
Other Add-Ons and Services	80% of Charge	N/A
Contact Lenses (Contact lens allowance includes materials only) **		
Conventional	85% of balance over \$130	Up to \$50
Disposable	Balance over \$130	Up to \$50
Medically Necessary [†]	\$0 Copay	Up to \$100
Laser Vision Correction		
LASIK or PRK from U.S. Laser Network	85% of retail price; 95% of promotional price	N/A
Additional Pairs Discount		
	Members also receive a 40% discount off complete pair eyeglass purchase and 15% off conventional contact lenses once the funded benefit has been used	N/A
Frequency - In & Out-of-Network		
Examination	Once every calendar year	
Lenses or Contact Lenses	Once every calendar year	
Frame	Once every two calendar years	
Monthly Premium - In & Out-of-Network		
Employee	\$5.86	
Employee + Children	\$11.72	
Employee + Spouse	\$11.14	
Employee + Family	\$17.23	

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