

State of Tennessee your 2021 vision expanded plan



Frequency

Exam: Once Every Calendar Year
 Lenses & Lens Upgrades: Once Every Calendar Year
 Frame: Once Every Two (2) Calendar Years
 Contacts, Evaluation & Fitting: Once Every Calendar Year (In Lieu Of Eyeglass Lenses and/or Frames)

Sign up during
annual enrollment

For more details about the plan, visit davisvision.com/StateofTN and enter your Client Code 8156 or call (800) 208-6404.



Exams &
Services

Eye Exam copay:
\$10



Lenses

Standard Lens copay:
\$0



Frame¹

Allowance:
Visionworks²

+* Covered in full *

Other locations

80% of Charge over \$150



Contacts³
in lieu of eyeglasses

Contact Lens Cost:
Conventional/Disposable
80% of Balance over \$140

Visually Required⁴
Covered in Full

Your Plan Details

Visit davisvision.com/StateofTN to find a list of in-network providers near you and access your benefit information.

The Exclusive Collection

The Exclusive Collection of frames is available at close to 9,000 locations across the U.S. Visit davisvision.com/StateofTN to browse frames and find a Collection near you.

Free breakage warranty

Your glasses are covered with our FREE one-year breakage warranty. Some limitations apply.

Find a network provider...

Just log on to davisvision.com/StateofTN and click "Find a Provider" to locate a provider near you including Visionworks.

or

The Exclusive Collection copay:

| | | |
|---------|----------|---------|
| Fashion | Designer | Premier |
| \$0 | \$0 | \$0 |

Evaluation, fitting & follow-up care:

| | |
|---------------|----------------|
| Standard Lens | Specialty Lens |
| \$50 | \$60 |



Copays for options & upgrades

Lens options

Clear Plastic Single-Vision, Bifocal, Trifocal or

| | |
|---|-----------------------------|
| Lenticular Lenses (any RX)..... | \$0 |
| Polycarbonate Lenses (Children / Adults)..... | \$0/\$30 |
| High-Index Lenses 1.67..... | \$60 |
| High-Index Lenses 1.74..... | \$120 |
| Polarized Lenses..... | 80% of Charge up to \$75 |
| Progressive Lenses (Standard / Premium / Ultra / Ultimate)..... | \$50 / \$90 / \$140 / \$175 |
| Anti-Reflective (AR) Coating (Standard / Premium / Ultra / Ultimate)..... | \$40 / \$55 / \$69 / \$85 |
| Ultraviolet Coating..... | \$10 |
| Tinting of Plastic Lenses (Solid / Gradient)..... | \$15 |
| Plastic Photochromic Lenses (Transitions® Signature™)..... | 80% of Charge up to \$70 |
| Scratch-Resistant Coating..... | \$0 |
| Premium Scratch-Resistant Coating..... | \$30 |
| Scratch-Protection Plan (Single-Vision Multifocal)..... | \$20 \$40 |
| Digital Single Vision Lenses..... | \$30 |
| Trivex Lenses..... | \$50 |
| Blue Light Filtering..... | \$15 |

Additional savings

| | |
|---|----------------------------|
| Retinal imaging (Member charge)..... | \$39 |
| Additional pairs of eyeglasses..... | 60% of charge ¹ |
| Additional pairs of contact lenses..... | 80% of charge ¹ |



| Employee rates | Monthly | Annually |
|-----------------------|---------|----------|
| Employee | \$5.56 | \$66.72 |
| Employee + Child(ren) | \$11.12 | \$133.44 |
| Employee + Spouse | \$10.57 | \$126.84 |
| Employee + Family | \$16.35 | \$196.20 |

Out-of-network benefits

You may receive services from an out-of-network provider, although you will receive the greatest value and maximize your benefit dollars if you select a provider who participates in the network.

Out-of-network reimbursement schedule (up to)

| | |
|----------------------------|--|
| Eye Examination: \$50 | Progressive Lenses: \$55 |
| Frames: \$75 | Ultra Violet Coating: \$10 |
| Single-Vision Lenses: \$35 | Scratch Resistant Coating: \$10 |
| Bifocal: \$55 | Standard Anti-Reflective Coating: \$10 |
| Trifocal Lenses: \$70 | Elective Contact Lenses: \$55 |
| Lenticular Lenses: \$70 | Visually Required Contacts: \$200 |

1. Some limitations apply to additional discounts, discounts not applicable at all in-network providers. 2. Any frame at Visionworks covered in full with no member out-of-pocket cost excluding Maui Jim eyewear. 3. Contact lens coverage varies by product selection. 4. Visually Required contacts require prior approval. Davis Vision has done its best to accurately reflect plan coverage herein. If differences exist between this document and the plan certificate, the certificate will prevail.