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

PARTNERS FOR HEALTH

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†

SUMMARY OF BENEFITS

Vision Care Services	In-Network Member Cost	Out-of-Network Reimbursement*
Exam With Dilation as Necessary	$0 Copay	Up to $30
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	N/A
Tint (Solid and Gradient)	80% of Charge	N/A
Standard Plastic Scratch Coating	80% of Charge	N/A
Standard Polycarbonate–Adults	80% of Charge	N/A
Standard Polycarbonate–Kids under 19	80% of Charge	N/A
Standard Anti-Reflective Coating	80% of Charge	N/A
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 $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	

* 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-9133TN. 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.

Get the answers you need

From time to time, you'll have questions about using your EyeMed benefit. So we'll always make it simple to get answers! These frequently asked questions are the perfect place to start. How easy is that?

How can I find a network provider?

Using the benefit at a network provider is easy. Simply visit eyemedvisioncare.com/stoftnoe and search providers near you by entering your zip code or call 1.855.779.5046.

How often can I get an eye exam?

You're eligible for an eye exam once every calendar year. You can get standard plastic/glass lenses or contacts once every calendar year and frames once every two calendar years.

How does the frame allowance work?

If you choose the Basic plan and use a network provider, you will not have to pay anything for your frames if they cost $50 or less. If the frames are over $50, you will get a 20% discount on the balance of the monies you owe.

How will my provider know if I have used all of my benefits?

An in-network provider will locate your record within the EyeMed system and verify that benefits are available prior to your appointment.

How will my provider verify that I am a member?

An ID card is not required to receive benefits at the provider's office. The provider will search for your eligibility and benefits by your name and then verify your address, date of birth and your subscriber's employer.

Do I need to file a claim?

No, you will not file claims if you use an in-network provider. However, if you do not use a network provider you will need to file an out-of-network claim form. This form, is available at www.eyemedvisioncare.com/stoftn under common questions.

Who do I contact with questions about my claim and how it was paid?

You can contact the EyeMed Customer Care Center at 855-779-5046 with any questions pertaining to your claim. They are available Monday-Saturday from 6:30am to 10:00pm CT and Sunday 10:00am to 7:00pm CT.

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

PARTNERS FOR HEALTH

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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[Δ]	$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[Δ]	$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	

* 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-9133TN. This is a snapshot of your benefits.
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What's in it for me?

Options. It's simple really. We're dedicated to helping you see clearly – and that's why we've built a network that gives you lots of choices and flexibility. You can choose from independent doctors and retail providers to find the one that best fits your needs and schedule. No matter which one you choose, our plan is designed to be easy-to-use and save you money. Welcome to EyeMed.

Benefits Snapshot	With Us (In Network)	Out-of-Network Reimbursement
Exam with dilation as necessary (every calendar year)	$10 copay	Up to $45
Frames (every 2 calendar years)	80% of balance over $115	Up to $70
Single Vision, Bifocal & Trifocal lenses (every calendar year)	$15 copay	Up to $30
or		
Contacts (every calendar year)	Balance over $130	Up to $50

And now it's time for the breakdown . . .

Here's an example of what you might pay for a pair of glasses with us vs. what you'd pay without vision coverage. So, let's say you get an eye exam and choose a frame that costs $163 with single vision lenses that have UV and scratch protection. Now let's see the difference...

75% SAVINGS with us

With Us (In Network)		Without Insurance*	
Exam	$10 copay	Exam	$106
Frame	$163 -$115 allowance $48 -$9.60 (20% discount off balance) $38.40	Frame	$163
Lens	$15 copay $10 UV treatment add-on +$15 scratch coating add-on $50	Lens	$78 $23 UV treatment add-on +$25 scratch coating add-on $126
Total	$98.40	Total	$395

INDEPENDENT PROVIDER NETWORK

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