

2022

2023 VISION INSURANCE

PARTNERS
FOR HEALTH



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Assistant Director of Voluntary Benefits



CHANGES FOR 2023

The State, Local Education, and Local Government Insurance Committees approved several benefit enhancements for the next vision contract, which was awarded to EyeMed.

These changes will become effective **January 1, 2023.**



Benefit Frequencies: **Basic Plan**

Benefit	Basic Plan (Current)	Basic Plan (New)
Vision Exam	Once every calendar year	Once every calendar year
Retinal Imaging	Once every calendar year	Once every calendar year
Eyeglass Lenses	Once every calendar year in lieu of contact lenses	Once every calendar year in lieu of contact lenses
Frames	Once every two calendar years	Once every two calendar years
Contact Lenses	Once every calendar year in lieu of eyeglass lenses and frames	Once every calendar year in lieu of eyeglass lenses
Low vision- Comprehensive Evaluation Low Vision - Follow-up Visit	Once every 60 months Four visits every 60 months	Once every two calendar years
Low Vision Aids	N/A	Once every two calendar years

Benefit Frequencies: **Expanded Plan**

Benefit	Expanded Plan (Current)	Expanded Plan (New)
Vision Exam	Once every calendar year	Once every calendar year
Retinal Imaging	Once every calendar year	Once every calendar year
Eyeglass Lenses	Once every calendar year in lieu of contact lenses	Once every calendar year in lieu of contact lenses
Frames	Once every two calendar years	Once every calendar year
Contact Lenses	Once every calendar year in lieu of eyeglass lenses and frames	Once every calendar year in lieu of eyeglass lenses
Low vision- Comprehensive Evaluation Low Vision - Follow-up Visit	Once every 60 months Four visits every 60 months	Once every two calendar years
Low Vision Aids	N/A	Once every two calendar years

Material Costs: **Basic Plan**

Benefit	In-Network		Out-Of-Network	
	Current	New	Current	New
Retail Frames	\$55 allowance	20% off balance over \$105 allowance	Up to \$55 reimbursement for frames and lenses combined	Up to \$55 reimbursement
Single Vision Lenses	\$0 copay	\$20 copay	Included with frames	Up to \$55 reimbursement
Bifocal Lenses	\$0 copay	\$20 copay	Included with frames	Up to \$55 reimbursement
Trifocal Lenses	\$0 copay	\$20 copay	Included with frames	Up to \$55 reimbursement
Conventional Contact Lenses	20% off balance over \$55 allowance	15% off balance over \$105 allowance	Up to \$75 reimbursement	Up to \$75 reimbursement
Disposable Contact Lenses	20% off balance over \$55 allowance	\$105 allowance	Up to \$30 reimbursement	Up to \$75 reimbursement
Contact Lenses (Medically Necessary)	\$155 allowance	\$155 allowance	Up to \$80 reimbursement	Up to \$80 reimbursement

Material Costs: Expanded Plan

Benefit	In-Network		Out-Of-Network	
	Current	New	Current	New
Retail Frames	20% off balance over \$150 allowance	20% off balance over \$150 allowance	Up to \$75 reimbursement	Up to \$75 reimbursement
Single Vision Lenses	\$0 copay	\$15 copay	Included with frames	Up to \$55 reimbursement
Bifocal Lenses	\$0 copay	\$15 copay	Included with frames	Up to \$60 reimbursement
Trifocal Lenses	\$0 copay	\$15 copay	Included with frames	Up to \$90 reimbursement
Conventional Contact Lenses	20% off balance over \$140 allowance	15% off balance over \$150 allowance	Up to \$55 reimbursement	Up to \$100 reimbursement
Disposable Contact Lenses	20% off balance over \$140 allowance	\$150 allowance	Up to \$55 reimbursement	Up to \$100 reimbursement
Contact Lenses (Medically Necessary)	\$0 copay	\$0 copay; paid in full	Up to \$200 reimbursement	Up to \$210 reimbursement

Service Costs: Basic Plan

Benefit	In-Network		Out-Of-Network	
	Current	New	Current	New
Eye exam with dilation as necessary	\$0 copay	\$10 copay	Up to \$35 reimbursement	Up to \$40 reimbursement
Retinal Imaging	\$39 copay	Up to \$39	Not Covered	Not Covered
Contact lens fit and follow-up (Standard/Premium)	20% Discount	\$40 copay/ \$50 copay	Not Covered	Not Covered
Low Vision Evaluation	\$300 allowance every 60 months	\$300 allowance every 2 calendar years	\$300 allowance every 60 months	Up to \$300 reimbursement every 2 calendar years

Service Costs: Expanded Plan

Benefit	In-Network		Out-Of-Network	
	Current	New	Current	New
Eye exam with dilation as necessary	\$10 copay	\$0 copay	Up to \$50 reimbursement	Up to \$50 reimbursement
Retinal Imaging	\$39 copay	\$0 copay	Not Covered	Up to \$20 reimbursement
Contact lens fit and follow-up (standard/Premium)	\$50 copay/ \$60 copay	\$35 copay/ \$45 copay	Not Covered	Up to \$20 reimbursement
Low Vision Evaluation	\$300 allowance every 60 months	\$300 allowance every 2 calendar years	\$300 allowance every 60 months	Up to \$300 reimbursement every 2 calendar years

PROVIDER SEARCH

The official splash page for the State of Tennessee Group Insurance Program & EyeMed is currently under development.

Until the splash page is complete, employees can follow these steps to search for a provider:

1

Navigate to www.eyemed.com

2

Select **Find an eye doctor**

3

Select the **Insight Network**

Note: Walmart locations will not show via this search, but will show when the splash page is complete.



INDEPENDENT
PROVIDER
NETWORK

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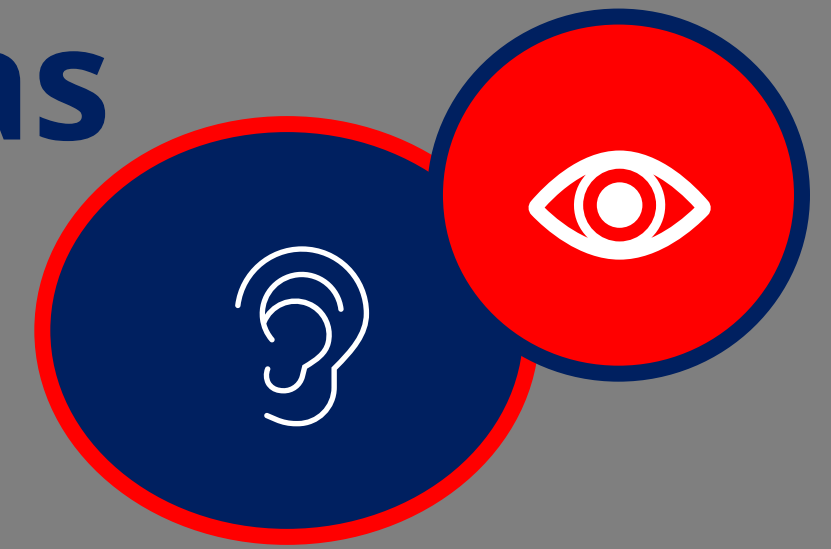
PEARLE
EST. 1961
VISION

EyeMed 2023 Monthly Premium Rates

Basic Vision Insurance Program	January 1, 2023 – December 31, 2023
Employee/Retiree	\$3.18
Employee/Retiree & Spouse	\$6.03
Employee/Retiree & Child(ren)	\$6.35
Employee/Retiree & Spouse & Child(ren)	\$9.33

Expanded Vision Insurance Program	January 1, 2023 – December 31, 2023
Employee/Retiree	\$6.30
Employee/Retiree & Spouse	\$11.98
Employee/Retiree & Child(ren)	\$12.60
Employee/Retiree & Spouse & Child(ren)	\$18.54

EyeMed 2023 Vision Extras



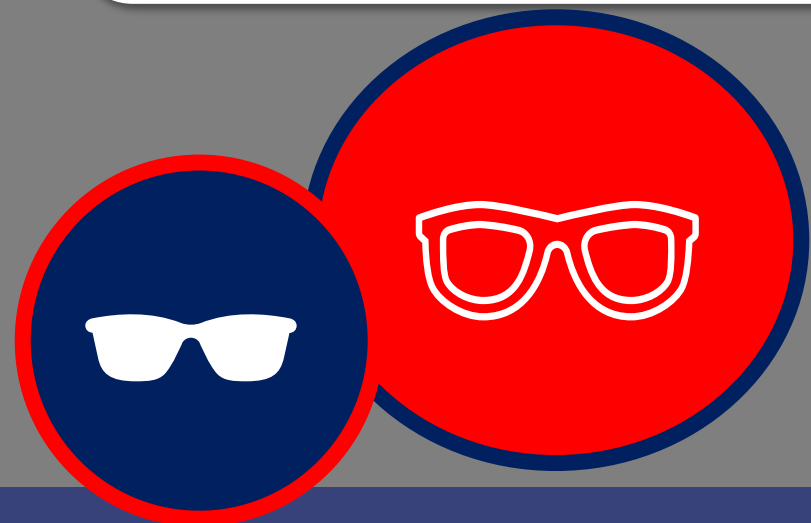
Both the Basic and Expanded plans offer:

40% Off
Additional complete pair of prescription eyeglasses.

Discounts on hearing exam and aids
For more information call 1.877.203.0675

20% Off
Non-covered items, including non-prescription sunglasses.

15% Off retail of 5% off promo price
Lasik or PRK services
For more information call 1.800.988.4221



Questions?

For more information on Vision benefits
www.tn.gov/partnersforhealth/other-benefits/vision.html