

## Covered Vision Services

Here is a comparison of discounts, copays and allowed amounts for 2020 under the vision options. Copays represent what the member pays. Allowances and percentage discounts represent the cost the carrier will cover. Actual costs and benefits may vary based upon the plan design selected. Exclusions and limitations may apply. Out-of-network member costs can be found in the Davis Vision Handbook at <https://www.tn.gov/partnersforhealth/publications/publications.html>.

SERVICE	BASIC PLAN IN-NETWORK COSTS <sup>[1]</sup>	EXPANDED PLAN IN-NETWORK COSTS <sup>[1]</sup>
<b>Eye Exam With Dilation as Necessary</b>	\$0 copay	\$10 copay
<b>Retinal Imaging</b>	\$39 copay	\$39 copay
<b>Contact Lens fit and Follow up (standard/premium)</b>	80% of charge	\$50/\$60 copay
<b>Eyeglass Benefit—Frame</b>		
<b>Retail Frame</b>	80% of balance over \$55 <sup>[2]</sup>	80% of balance over \$150 <sup>[2]</sup>
<b>Visionworks Frame</b>	Covered in full	Covered in full
<b>The Exclusive Collection<sup>[3]</sup> (Fashion/Designer/Premier)</b>	In lieu of retail frame \$0/\$15/\$40 copay	In lieu of retail and Visionworks frame \$0/\$0/\$0 copay
<b>Eyeglass Benefit—Spectacle Lenses</b>		
<b>Single Vision, Bifocal, Trifocal &amp; Lenticular Lenses</b>	\$0 copay	\$0 copay
<b>Progressive Lenses (Standard/Premium/Ultra/Ulimate)</b>	80% of balance over \$55; not to exceed \$65/\$105/\$140/\$175 out of pocket	\$50/\$90/\$140/\$175 copay
<b>High-index (1.67/1.74)</b>	80% charge not to exceed \$60/\$120	\$60 copay/\$120 copay
<b>UV Treatment</b>	80% of charge up to \$15	\$10 copay
<b>Tint (solid and gradient)</b>	80% of charge up to \$15	\$15 copay
<b>Standard Polycarbonate (adults/children<sup>[4]</sup>)</b>	80% of charge up to \$35/\$0 copay	\$30 copay/\$0 copay
<b>Anti-reflective Coating (Standard/Premium/Ultra/Ulimate)</b>	80% or charge up to \$40/\$55/\$69/\$85	\$40/\$55/\$69/\$85 copay
<b>Polarized</b>	80% of charge up to \$75	80% of charge up to \$75
<b>Plastic Photochromic Lenses</b>	80% of charge up to \$70	80% of charge up to \$70
<b>Scratch coating (standard plastic/premium scratch-resistant)</b>	\$0 copay/80% of charge up to \$30	\$0 copay/\$30 copay
<b>Scratch Protection Plan (single vision/multifocal lenses)</b>	\$20 copay/\$40 copay	\$20 copay/\$40 copay
<b>Trivex Lenses</b>	80% of charge up to \$50	\$50 copay
<b>Digital Single Vision (intermediate) lenses</b>	80% of charge up to \$30	\$30 copay
<b>Blue Light Filtering</b>	80% of charge up to \$15	\$15 copay
<b>Other Add-ons and Services</b>	80% of charge	80% of charge
<b>Contact Lenses</b>		
<b>Conventional and Disposable</b>	80% of balance over \$55	80% of balance over \$140
<b>Visually Required<sup>[5]</sup></b>	80% of balance over \$155	\$0 copay
<b>Frequency of Vision Benefits</b>		
<b>Eye Exam</b>	Once every calendar year	Once every calendar year
<b>Eyeglass Lenses</b>	Once every calendar year	Once every calendar year
<b>Frames</b>	Once every two calendar years	Once every two calendar years
<b>Contact Lenses</b>	Once every calendar year in lieu of eyeglasses	Once every calendar year in lieu of eyeglasses
<b>Contact Lens Evaluation, Fitting and Follow-up</b>	Once every calendar year in lieu of eyeglasses	Once every calendar year in lieu of eyeglasses

[1] Member pay will not be greater than the copay, but could be less based upon the actual charge.

[2] \$0 copay for eyeglass frames at Visionworks.

[3] Collection is available at most participating eye care professional offices. Collection is subject to change.

[4] Polycarbonate lenses are covered in full for dependent children, monocular patients and patients with prescriptions 6.00 diopters or greater.

[5] If visually required as first contact lenses following cataract surgery, or multiple pairs of rigid contact lenses for treatment of keratoconus.