

State of Tennessee your 2021 vision basic 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 8155 or call (800) 208-6404.



Exams & Services

Eye Exam copay:
\$0



Lenses

Standard Lens copay:
\$0



Frame¹

Allowance:
Visionworks²

+* Covered in full +*

Other locations

80% of Charge over \$55



Contacts³
in lieu of eyeglasses

Contact Lens Cost:

Conventional/Disposable

80% of Charge over \$55

Visually Required⁴

80% of Charge over \$155

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	\$15	\$40

Evaluation, fitting & follow-up care:

Standard Lens	Specialty Lens
80% of Charge	80% of Charge



Copays for options & upgrades

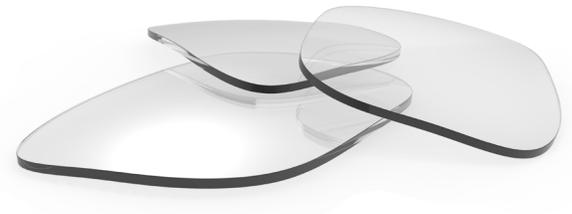
Lens options

Clear Plastic Single-Vision, Bifocal, Trifocal or

Lenticular Lenses (any RX).....	\$0
Polycarbonate Lenses (Children / Adults).....	\$0 / 80% of Charge up to \$35
High-Index Lenses 1.67.....	80% of Charge up to \$60
High-Index Lenses 1.74.....	80% of Charge up to \$120
Polarized Lenses.....	80% of Charge up to \$75
Progressive Lenses (Standard / Premium / Ultra / Ultimate).....	80% of Charge over \$55 not to exceed \$65 / \$105 / \$140 / \$175
Anti-Reflective (AR) Coating (Standard / Premium / Ultra / Ultimate).....	80% of Charge up to \$40 / \$55 / \$69 / \$85
Ultraviolet Coating.....	80% of Charge up to \$15
Tinting of Plastic Lenses (Solid / Gradient).....	80% of Charge up to \$15
Plastic Photochromic Lenses (Transitions® Signature™).....	80% of Charge up to \$70
Scratch-Resistant Coating.....	\$0
Premium Scratch-Resistant Coating.....	80% of Charge up to \$30
Scratch-Protection Plan (Single-Vision Multifocal).....	\$20 \$40
Digital Single Vision Lenses.....	80% of Charge up to \$30
Trivex Lenses.....	80% of Charge up to \$50
Blue Light Filtering.....	80% of Charge up to \$15

Additional savings

Retinal imaging (Member charge).....	\$39
Additional pairs of eyeglasses.....	70% of charge ¹
Additional pairs of contact lenses.....	80% of charge ¹



Employee rates	Monthly	Annually
Employee	\$3.07	\$36.84
Employee + Child(ren)	\$6.13	\$73.56
Employee + Spouse	\$5.82	\$69.84
Employee + Family	\$9.01	\$108.12

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: \$35 Frames and Lenses: \$55 for Frames and Lenses combined.	Elective Contact Lenses: \$30 Visually Required Contacts: \$80
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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.