2027 Covered Vision Services

PARTNERS FOR HEALTH

Here is a comparison of discounts, copays and allowed amounts for 2027 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 EyeMed Handbook at *https://www.tn.gov/partnersforhealth/publications/publications.html*.

SERVICE	BASIC PLAN IN-NETWORK COSTS [1]	EXPANDED PLAN IN-NETWORK COSTS [1]
Eye Exam With Dilation as Necessary	$10 copay	$0 copay
Retinal Imaging	Up to $39 copay	$0 copay
Contact Lens fit and Follow up (standard/premium)	$40/$50 copay	$35/$45 copay
Low Vision Evaluation	$300 allowance	$300 allowance
Low Vision Supplemental Aids	$300 allowance	$300 allowance
Eyeglass Benefit—Frame		
Retail Frame	$105 allowance	$150 allowance
Eyeglass Benefit—Spectacle Lenses		
Single Vision, Bifocal, Trifocal & Lenticular Lenses	$20 copay	$15 copay
Standard Progressive Lenses	$90 copay	$50 copay
Premium Progressive Lenses (Tier 1|Tier 2|Tier 3|Tier4)	Copay amount of: ($110/$140/$155/$225)	Copay amount of: ($85/$110/$150/$175)
UV Treatment	$15 copay	$15 copay
Tint (solid or gradient)	$15 copay	$15 copay
Standard Polycarbonate (adults/children[4])	$40/$0 copay	$40 copay/$0 copay
Standard Anti-reflective Coating	$45 copay	$45 copay
Premium Anti-reflective Coating (Tier 1|Tier 2|Tier 3)	$57/$68/$85 copay	$57/$68/$85 copay
Polarized	$90 copay	$75 copay
Plastic Photochromic Lenses	$75 copay	$50 copay
Standard Plastic Scratch Coating	$15 copay	$15 copay
Contact Lenses		
Conventional and Disposable	$105 allowance	$150 allowance
Medically Necessary	$155 allowance	$0 copay
Frequency of Vision Benefits		
Vision Exam	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)	Once every calendar year (in lieu of eyeglasses)
Contact Lens Fit and Two Follow-ups	Once every calendar year	Once every calendar year
Retinal Imaging	Once every calendar year	Once every calendar year
Low Vision Evaluation	Once every two calendar years	Once every two calendar years
Low Vision Aids	Once every two calendar years	Once every two calendar years

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

Discounts

- Member receives a 40% discount on additional complete pairs of eyeglasses once the funded benefit has been used.
- Member receives a 20% discount on the amount over the frame allowance.
- Member receives a 15% discount on the amount over the contact lens allowance for conventional contact lenses.
- Member receives a 20% discount on items not covered by the plan at EyeMed In-Network locations.

Note: Discounts may not be available with all providers.

Some exclusions and limitations apply. See the EyeMed Handbook at *https://www.tn.gov/partnersforhealth/publications/publications.html*.

Revised July 2026