

# **PARTNERS FOR HEALTH**

WELCOME TO EYEMED

Vision benefits  
for every set  
of eyes

The logo for eyeMed, featuring the word "eye" in a lowercase, rounded font above the word "Med" in a similar lowercase, rounded font. The "e" in "eye" has a registered trademark symbol (®) to its upper right.

Underwritten by Fidelity  
Security Life Insurance Co.



**Great News!**

**NO EYEMED CHANGES  
FOR 2024**



# An eye on your health: Comprehensive eye exams

An eye exam can be one of the first places to detect some serious eye and health conditions – like high blood pressure, high cholesterol and diabetes. Eye exams are essential for kids, too, since vision issues can seriously impact a child’s ability to learn.

Because you have EyeMed, your family can see eye doctors who offer the latest in digital exam technology and retinal imaging, giving them the best look into your eye sight.

## The exam includes:

- Dilation (if needed)
- Case history
- Patient observation
- Clinical diagnostic testing, including binocular function
- Refractive status
- Color vision testing
- Stereopsis testing for binocular vision/ depth perception
- Assessment, diagnosis and treatment plan





# A few benefit basics

## ID cards are mailed to first time enrollees

If you enrolled in 2023, you should already have ID cards. If you have not yet enrolled, you will get your ID cards before your effective date. But, great news, you don't need an ID card to access care as providers can locate you in our system with name and date of birth. You can also view or print your ID cards on the member portal.

## Your frequency is based on: Calendar Year


So, if you receive an exam today, you are eligible again Jan. 1 and your benefits will be reset every Jan. 1.

## Contacts are in lieu of lenses only

That means you are entitled to a full pair of glasses (frame & lenses) OR contacts and frames (you would then receive a 20% discount on your lenses).



# Benefit Frequency: BASIC PLAN


Benefit	Basic Plan
Vision Exam	Once every calendar year
Retinal Imaging	Once every calendar year
Eyeglass Lenses	Once every calendar year in lieu of contact lenses
Frames	<b>Once every two calendar years</b>
Contact Lenses	Once every calendar year in lieu of eyeglass lenses
Low vision- Comprehensive Evaluation Low vision - Follow-up Visit	Once every two calendar years
Low Vision Aids	Once every two calendar years 

# Benefit Frequency: EXPANDED PLAN


Benefit	Expanded Plan
Vision Exam	Once every calendar year
Retinal Imaging	Once every calendar year
Eyeglass Lenses	Once every calendar year in lieu of contact lenses
Frames	<b>Once every calendar year</b>
Contact Lenses	Once every calendar year in lieu of eyeglass lenses
Low vision- Comprehensive Evaluation Low vision - Follow-up Visit	Once every two calendar years
Low Vision Aids	Once every two calendar years



# Material Cost: BASIC PLAN

BENEFIT	IN NETWORK	OUT OF NETWORK
Retail Frames	20% off balance over \$105 allowance	Up to \$55 reimbursement
Single Vision Lenses	\$20 copay	Up to \$55 reimbursement
Bifocal Lenses	\$20 copay	Up to \$55 reimbursement
Trifocal Lenses	\$20 copay	Up to \$55 reimbursement
Conventional Contact Lenses	15% off balance over \$105 allowance	Up to \$75 reimbursement
Disposable Contact Lenses	\$105 allowance	Up to \$75 reimbursement
Contact Lenses (Medically Necessary)	\$155 allowance	Up to \$80 reimbursement 

# Material Cost: EXPANDED PLAN

BENEFIT	IN NETWORK	OUT OF NETWORK
Retail Frames	20% off balance over \$150 allowance	Up to \$75 reimbursement
Single Vision Lenses	\$15 copay	Up to \$55 reimbursement
Bifocal Lenses	\$15 copay	Up to \$60 reimbursement
Trifocal Lenses	\$15 copay	Up to \$90 reimbursement
Conventional Contact Lenses	15% off balance over \$150 allowance	Up to \$100 reimbursement
Disposable Contact Lenses	\$150 allowance	Up to \$100 reimbursement
Contact Lenses (Medically Necessary)	\$0 copay; paid in full	Up to \$210 reimbursement 



# Enjoy more extras: Member-only savings & discounts



**40% off**  
additional complete  
pairs of glasses



**15% off**  
standard LASIK prices or  
5% off the promotional price



**20% off**  
any remaining balance  
over the frame allowance



**15% off**  
any balance over the conventional  
contact lens allowance



**20% off**  
any non-covered items,  
including non-prescription  
sunglasses



**40% off**  
hearing exams and discounted,  
set pricing on hearing aids



At participating in-network providers

# Let's compare the two plan options

## Member out-of-pocket analysis

	Average retail*		EyeMed member cost		Member savings	
	Basic	Expanded	Basic	Expanded	Basic	Expanded
<b>Exam transaction</b>						
Total	\$129	\$130	\$11	\$1	92%	99%
<b>Frame + single vision transaction (frame, single vision lens, polycarbonate)</b>						
Total	\$311	\$338	\$115	\$96	63%	72%
<b>Frame + progressive transaction (frame, tier 1 progressive, tier 2 anti-reflective coating)</b>						
Total	\$541	\$574	\$272	\$229	50%	60%
<b>Contact lens transaction (contacts, fit &amp; follow up exam)</b>						
Total	\$306	\$340	\$175	\$153	43%	55%

Based on your data Jan-June 2023 \*Average retail cost without vision care benefits

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# Find your best fit

You're on EyeMed's INSIGHT network,  
so you've got choices — lots of them

More than 2,200 provider access points at more than 500  
locations in Tennessee, including:



**All Walmart and Sam's locations**

Plus, online options:



You may also use your benefits at more than 140,000 providers nationwide.

# HOW TO LOCATE A PROVIDER

## Your EyeMed Network: INSIGHT + Walmart and Sam's



**PHONE:** 855.779.5046

Mon.-Sat., 7 a.m.–10 p.m. CT, Sun. 10 a.m.–7 p.m. CT

**ONLINE:** Splash page at [tn.gov/partnersforhealth](https://tn.gov/partnersforhealth) website or directly at: [eyemed.com/stateoftn](https://eyemed.com/stateoftn)

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The welcome kit includes two ID cards, the eight providers closest to your home and a summary of your benefits. If you are a new enrollee, your welcome kit will arrive prior to your effective date.

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Register through the website and download and use the EyeMed Members App  
(available in the App Store or Google Play)



# Using your benefit

98% of EyeMed members use an in-network provider

## In-network

1. Locate a provider and schedule an appointment
2. When you arrive, identify yourself as an EyeMed member
3. The provider verifies benefits using the patient name and date of birth
4. You only pay applicable copays at the time of service
5. That's it – no paperwork. Network providers always file the claim
6. Members can view their explanation of benefits through [eyemed.com](http://eyemed.com)

## Out-of-network

1. Member receives and pays for services at their choice of provider
2. Download an out of network claim form at [eyemed.com](http://eyemed.com)
3. Complete and submit your receipts and claim form
4. That's it – we'll mail a reimbursement check and your explanation of benefits



# Experience more: Your member tools

You'll receive an in-home welcome kit detailing your new vision benefits and the closest eye doctors.

Using your benefits couldn't be easier with access to two convenient digital tools:

## [eyemed.com/stateoftn](http://eyemed.com/stateoftn)

View benefits and eligibility status\*

- Download ID cards and EOBs
- Find an eye doctor
- Schedule your eye exam
- Check claim status
- Download out-of-network claim form
- Get special offers

## EyeMed Members App

- Pull up ID card and add to your wallet (for iOS only)
- See benefit details
- Find an eye doctor and get detailed directions
- Load and save prescriptions
- Access special offers on vision products and services



1 Purdue University Benchmark Portal independent assessment of Call centers nationwide  
\*Due to HIPAA regulations, members will not be able to view dependents over the age of 18



# 2024 Monthly Premium Rates

Basic Vision Insurance Program	Jan. 1, 2024 – Dec. 31, 2024
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	Jan. 1, 2024 – Dec. 31, 2024
Employee/Retiree	\$6.30
Employee/Retiree & Spouse	\$11.98
Employee/Retiree & Child(ren)	\$12.60
Employee/Retiree & Spouse & Child(ren)	\$18.54





eye  
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There's more to  
love with EyeMed

Learn more at  
[enroll.eyemed.com](https://enroll.eyemed.com)



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