

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