

PARTNERS
FOR HEALTH

DAVIS VISION
EYECARE REFRAMEDSM



State of Tennessee Group Insurance
2018 Vision Plan

davisvision.com/stateoftn
1 (800) 208-6404



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Who We Are

Davis Vision is more than just a national vision care administrator. We are an advisor, partner and leader serving over 22 million members. This value-driven mentality we've championed for over 50 years resonates with hardworking Americans, and **our first client is still with us today.**

Davis Vision offers:

- A broad array of paid-in-full options
- Freedom of choice and flexible benefits:
 - use your allowance on any frame in-network
 - frame options that cost you nothing out-of-pocket (Visionworks & The Exclusive Collection)
 - popular lens options with significant savings
- Extensive blended network of premier retailers nationally as well as independent optometrists and ophthalmologists, totaling over 70,000* points of access
- NCQA-certified provider credentialing process to ensure industry-leading standards for quality
- 100% United States-based services and operations
- Free one-year eyeglass breakage warranty on most plan materials

We ensure low out-of-pocket costs with the broadest array of paid-in-full options and complete freedom of choice in eyewear. Members may select any frames or contact lenses and their allowance will apply, or they can choose frames that are completely covered in full through the Davis Vision Exclusive Collection.



Your Vision Benefits

How to use the plan

- Upon enrollment, Davis Vision will mail to your home address:
 - Two ID cards, which can be used for you and your covered family members;
 - A summary of the benefits covered under the plan;
 - A listing of network providers located close to your home.
- The Davis Vision provider network includes the top national retailers including Visionworks, Costco, Sam’s Club, Walmart and JCPenney Optical as well as thousands of independent providers. To search the full provider directory, go to davisvision.com/stateoftn or call 1 (800) 208-6404.
- Once you have selected a provider, you may call the provider directly and schedule an appointment.
- Please have your eye doctor confirm all services are covered through the Davis Vision plan before they are performed.

Frequency of Vision Benefits

| SERVICE | FREQUENCY |
|--|--|
| Eye Exam | Once every calendar year |
| Eyeglass Lenses | Once every calendar year |
| Frames | Once every two (2) calendar years |
| Contact Lenses | Once every calendar year (in lieu of eyeglasses) |
| Contact Lens Evaluation, Fitting & Follow-up | Once every calendar year (in lieu of eyeglasses) |

Plan Highlights

| SERVICE | BASIC PLAN | EXPANDED PLAN |
|------------------------|--------------------------|---------------------------|
| Eye Exam | \$0 copay | \$10 copay |
| Exclusive Collection | \$0 / \$15 / \$40 | All tiers covered-in-full |
| Visionworks Frames | Covered-in-full | Covered-in-full |
| Retail Frame Allowance | 80% of balance over \$55 | 80% of balance over \$150 |

Summary of Benefits

Effective 1/1/2018

| SERVICE | IN-NETWORK MEMBER COST ¹ | OUT-OF-NETWORK MEMBER COST ¹ |
|--|---|---|
| Eye Exam with Dilation as Necessary | \$0 copay | 100% of balance over \$35 |
| Retinal Imaging | \$39 copay | 100% of charge |
| Contact Lens Fit & Follow-Up (Standard & Premium) | 80% of charge | 100% of charge |
| EYEGLASS BENEFIT - FRAME | | |
| Retail Frame | 80% of balance over \$55 ² | 100% of charge over \$55 for frames and lenses combined |
| Visionworks Frame | Covered-in-full | N/A |
| The Exclusive Collection ³ (in lieu of Retail Frame): | | |
| Fashion Selection | \$0 copay | N/A |
| Designer Selection | \$15 copay | N/A |
| Premier Selection | \$40 copay | N/A |
| EYEGLASS BENEFIT - SPECTACLE LENSES | | |
| Single Vision, Bifocal, Trifocal & Lenticular Lenses | \$0 copay | See above |
| Standard Progressive | 80% of balance over \$55; Not to exceed \$65 out-of-pocket | See above |
| Premium Progressive | 80% of balance over \$55; Not to exceed \$105 out-of-pocket | See above |
| Ultra Progressive | 80% of balance over \$55; Not to exceed \$140 out-of-pocket | 100% of charge |
| High-Index | 80% of charge not to exceed \$60 | 100% of charge |
| UV Treatment | 80% of charge up to \$15 | 100% of charge |
| Tint (Solid & Gradient) | 80% of charge up to \$15 | 100% of charge |
| Standard Plastic Scratch Coating | \$0 copay | 100% of charge |
| Standard Polycarbonate (Adult / Children ⁴) | 80% of charge up to \$35 / \$0 | 100% of charge |
| Standard Anti-Reflective Coating | 80% of charge up to \$40 | 100% of charge |
| Premium Anti-Reflective Coating | 80% of charge up to \$55 | 100% of charge |
| Ultra Anti-Reflective Coating | 80% of charge up to \$69 | 100% of charge |
| Polarized | 80% of charge up to \$75 | 100% of charge |
| Plastic Photochromic Lenses | 80% of charge up to \$70 | 100% of charge |
| Scratch Protection Plan: Single Vision Multifocal Lenses | \$20 copay \$40 copay | 100% of charge |
| Other Add-Ons & Services | 80% of charge | 100% of charge |
| CONTACT LENSES | | |
| Conventional & Disposable | 80% of balance over \$55 | 100% of charge over \$30 |
| Visually Required ⁵ | 80% of balance over \$155 | 100% of charge over \$80 |

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 provider 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.

Summary of Benefits

Effective 1/1/2018

| SERVICE | IN-NETWORK MEMBER COST ¹ | OUT-OF-NETWORK MEMBER COST ¹ |
|--|--|---|
| Eye Exam with Dilation as Necessary | \$10 copay | 100% of balance over \$50 |
| Retinal Imaging | \$39 copay | 100% of charge |
| Contact Lens Fit & Follow-Up (Standard / Premium) | \$50 copay / \$60 copay | 100% of charge / 100% of charge |
| EYEGLOSS BENEFIT - FRAME | | |
| Retail Frame | 80% of balance over \$150 ² | 100% of charge over \$75 |
| Visionworks Frame | Covered-in-full | N/A |
| The Exclusive Collection ³ (in lieu of Retail & Visionworks Frame): | | |
| Fashion Selection | \$0 copay | N/A |
| Designer Selection | \$0 copay | N/A |
| Premier Selection | \$0 copay | N/A |
| EYEGLOSS BENEFIT - SPECTACLE LENSES | | |
| Single Vision Lenses | \$0 copay | 100% of balance over \$35 |
| Bifocal Lenses | \$0 copay | 100% of balance over \$55 |
| Trifocal Lenses | \$0 copay | 100% of balance over \$70 |
| Lenticular Lenses | \$0 copay | 100% of balance over \$70 |
| Standard Progressive | \$50 copay | 100% of balance over \$55 |
| Premium Progressive: | | |
| Tier 1 | \$50 copay | 100% of balance over \$55 |
| Tier 2 | \$90 copay | 100% of balance over \$55 |
| Tier 3 & Tier 4 | \$140 copay | 100% of balance over \$55 |
| Ultra Progressive Lenses | \$140 copay | 100% of charge |
| High-Index | \$60 copay | 100% of charge |
| UV Treatment | \$10 copay | 100% of balance over \$10 |
| Tint (Solid & Gradient) | \$15 copay | 100% of balance over \$10 |
| Standard Plastic Scratch Coating | \$0 copay | 100% of balance over \$10 |
| Standard Polycarbonate (Adult / Children ⁴) | \$30 copay / \$0 copay | 100% of balance over \$10 |
| Standard Anti-Reflective Coating | \$40 copay | 100% of balance over \$10 |
| Premium Anti-Reflective Coating | | |
| Tier 1 | \$40 copay | 100% of charge |
| Tier 2 | \$55 copay | 100% of charge |
| Tier 3 | \$69 copay | 100% of charge |
| Ultra Anti-Reflective Coating | \$69 copay | 100% of charge |
| Polarized | 80% of charge up to \$75 | 100% of charge |
| Plastic Photochromic Lenses | 80% of charge up to \$70 | 100% of charge |
| Scratch Protection Plan: Single Vision Multifocal Lenses | \$20 copay \$40 copay | 100% of charge |
| Other Add-Ons & Services | 80% of charge | 100% of charge |
| CONTACT LENSES | | |
| Conventional & Disposable | 80% of balance over \$140 | 100% of charge over \$55 |
| Visually Required ⁵ | \$0 Copay | 100% of charge over \$200 |

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 provider 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.

Value-Added Services

- 1-year breakage warranty included on all plan-covered eyeglasses (i.e. all spectacle lenses, Davis Vision Exclusive Collection frames and national retailer frames where our Exclusive Collection is not displayed).
- Discounts on LASIK procedures. Visit lasik.qualsight.com or call 1 (855) 502-2020 for information.
- 30% - 60% off the cost of brand name hearing aids through EPIC Hearing Healthcare. Visit epichearing.com/davisvision or call (844) 246-0544 for more information on pricing and participating audiologists and otolaryngologists (ENT).
- Partial reimbursements are available for services provided by an out-of-network provider. Claim forms are available online at davisvision.com/stateoftn. (You will receive the greatest value and maximize your benefit dollars if you select an in-network provider.)
- Convenient home delivery for replacement contacts (after initial benefit) via davisvisioncontacts.com.

Virtually try on and compare new frame styles at any time from your desktop or mobile device by visiting davisvision.com/stateoftn.

| VALUE-ADDED SERVICES ¹ | BASIC PLAN | EXPANDED PLAN |
|--|---|---|
| Laser Vision Correction (for select providers) | 85% of retail price; 95% of promotional price | 85% of retail price; 95% of promotional price |
| Additional Pair of Eyeglasses | 70% of charge | 60% of charge |
| Additional Pair of Conventional or Disposable Contact Lenses | 80% of charge | 80% of charge |

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

The Exclusive Collection of Frames

Offered to members is a selection of over 200 fashionable frames for little-to-no out-of-pocket cost. You'll find the Exclusive Collection at participating in-network provider locations.

Your member out-of-pocket cost is simple to understand with our convenient tagging system:

FASHION/YELLOW TAG - Functional and classic with proven designs for the whole family.

BASIC PLAN: \$0 COPAY | EXPANDED PLAN: \$0 COPAY

DESIGNER/RED TAG - Stylish options with brands like Robert Mitchel®, Lucky Brand®, Jones NY® and more.

BASIC PLAN: \$15 COPAY | EXPANDED PLAN: \$0 COPAY

PREMIER/BLUE TAG - Fashion-forward choices from brands like Perry Ellis®, Catherine Deneuve® and Candies®.

BASIC PLAN: \$40 COPAY | EXPANDED PLAN: \$0 COPAY



**MORE THAN HALF
OUR MEMBERS
CHOOSE FROM
THE EXCLUSIVE
COLLECTION
WHEN THEY CAN!**





Frequently Asked Questions

HOW DO I ENROLL?

To enroll, sign up during your annual enrollment period - State and Higher Ed: October 2-13, 2017 | Local Education and Local Government: October 2-27, 2017
For more details about the plan, just log on to davisvision.com/stateoftn or call 1 (800) 208-6404.

IS MY FAMILY COVERED?

Once enrolled, log into your member account, and click on "Check Eligibility" to see who is covered. You can add (or drop) dependents to your plan during the Annual Enrollment period or in the case of a qualifying event.

WHEN DOES MY COVERAGE END?

Your coverage ends when you terminate it through your benefit administrator or when you leave the organization.

WHAT ARE YOUR HOURS OF OPERATION?

Our customer care center is open 7 days/week at convenient times for all areas of the country and can be reached at 1 (800) 208-6404. The operating hours are:

| EST | | CST | |
|-----------|------------------|-----------|------------------|
| MON - FRI | 8 a.m. - 11 p.m. | MON - FRI | 7 a.m. - 10 p.m. |
| SAT | 9 a.m. - 4 p.m. | SAT | 8 a.m. - 3 p.m. |
| SUN | 12 p.m. - 4 p.m. | SUN | 11 p.m. - 3 p.m. |

WHAT INFORMATION WILL MY EYE DOCTOR NEED?

When scheduling your appointment with an in-network provider, it's best to have your member number so they can quickly verify eligibility. However, you can also use the head of contract's first/last name and the state in which they live.

WHERE DO I FIND MY MEMBER NUMBER?

Your member number can be found on your Member ID Card, by logging in to your account, or by calling us at 1 (800) 208-6404.

DO I GET A MEMBER ID CARD & WHAT IF I LOSE IT?

Yes, the head of contract will receive a Member ID Card; covered dependents do not. However, you do not need the ID card to use your benefits. Replacement cards can be ordered through your online account or by calling us.

WHAT IF MY PROVIDER IS NOT IN-NETWORK?

The Basic Plan offers limited out-of-network benefit options, while the Expanded Plan offers much more robust reimbursement options. (See plans on pages 4 and 5 for more details.) To submit an out-of-network claim - visit davisvision.com/stateoftn, and click on "Access Benefits and Forms" to download the Direct Reimbursement Claim Form. Follow the instructions on the form to submit your claim. **You must include either your provider's signature or a detailed receipt.** You can request to add a provider to your network under "Find a Provider" at davisvision.com/stateoftn.



TIP: Bring the Direct Reimbursement Claim form with you to your appointment for easy completion of provider information and for provider's signature.

WHAT IS INCLUDED IN AN EYE EXAMINATION?

An eye exam takes roughly an hour and consists of a variety of checkups which include a health review, simple visual acuity tests, refraction test, visual field test, glaucoma test, slitlamp evaluation and dilation. A comprehensive eye health exam can detect a number of eye diseases, as well as signs of systemic conditions such as diabetes, thyroid disease, high blood pressure and neurological impairments. Every eye exam our providers administer is consistent with clinical guidelines published by the Eye American Optometric Association and the American Academy of Ophthalmology.

WHAT IS A DILATED RETINAL EXAM?

A Dilated Retinal Examination (DRE) is a critical diagnostic procedure in the detection and management of diabetes, glaucoma, hypertension and many other ocular and/or systemic diseases (up to 30 altogether!). It can lead to higher quality patient care, improved

lifestyle through early detection and intervention, and possibly lower your overall health care costs.

DO I HAVE TO GET ALL THE SERVICES COMPLETED AT THE SAME TIME?

As a Davis Vision member, you can get an eye exam and shop for eyewear at different times and in different locations. For example, you may get your eye exam from an eye care provider and then use your prescription to shop for glasses at an in-network retailer at a later date within the same plan year.

DOES MY WHOLE FAMILY HAVE TO VISIT THE SAME PROVIDER?

No! Plan dependents can visit different providers. For example, students who are away at school can locate a participating provider near them.

CAN I GET BOTH GLASSES AND CONTACT LENSES?

Your plan benefits will cover eyeglasses or contact lenses, but not both. We are however, able to offer our members additional discounts on certain eyewear and eye care purchases even after the plan allowances have been used. Log in to your account to view plan details, or call us at 1 (800) 208-6404.

WHAT IF MY GLASSES BREAK?

All eyeglasses come with a one-year breakage warranty for repair or replacement of the frame and/or lenses, which applies to all plan-covered eyeglasses (i.e. all spectacle lenses, Davis Vision Exclusive Collection frames, and national retailer frames where our Exclusive Collection is not displayed.) So, if your glasses break, simply return them to where you purchased them - we've got you covered.

CAN I USE MY INSURANCE WHEN SHOPPING ONLINE?

All online purchases for glasses or contacts are currently considered out-of-network.



Need other assistance?
Give us a call:
1 (800) 208-6404



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Eligibility for vision benefits may be affected by certain life events. Life event means one of the following: (1) your marriage or divorce; (2) the death of your spouse; (3) the birth or adoption of your Child; (4) the death of your Child; (5) a change in the employment status of your spouse; or (6) a change in your employment status or a qualifying event as defined by the Policyholder.

The Schedule of Benefits in this document reflects, unless otherwise approved by the State, the procedures that vision will cover as well as certain limitations and exclusions for these covered benefits. These services will be covered when a vision provider provides them. These services must be necessary and must be provided in accordance with generally accepted vision practice standards. If the total benefit charge for a Member is less than the benefit cost-sharing, the Member shall pay the lesser charge. In addition to the limitations and exclusions shown in the Schedule of Benefits section, the Vision Plan does not pay for the following unless otherwise approved by the State:

General Limitations & Exclusions

- A. Treatment of injury or illness covered by Workers' Compensation or Employer's Liability Laws.
- B. Services received without cost from any federal, state or local agency. This exclusion will not apply if prohibited by law.
- C. Cosmetic surgery or procedures for purely cosmetic reasons.
- D. Charges by any hospital or other surgical or treatment facility and any additional fees charged by the vision for treatment in any such facility.
- E. Services by a vision provider beyond the scope of his or her license.
- F. Vision services for which the patient incurs no charge.
- G. Vision services where charges for such services exceed the charge that would have been made and actually collected if no coverage existed.
- H. Orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses.
- I. Any eye or Vision Examination, or any corrective eyewear required by a Policyholder as a condition of employment; Safety eyewear.
- J. Lost or broken lenses, frames, glasses, or contact lenses will not be replaced except in the next Benefit Frequency when Vision Materials would next become available.

Optional Materials & Services

If the materials and services rendered exceed the covered benefit, the difference for the actual materials or services rendered is due from the member.

We comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex.