### VSP Plan Options available for Tennessee Board of Regents

Below is a summary of benefits available with the TBR $50 Bronze & TBR $130 Gold Plans through VSP Preferred Providers.

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<th>TBR Vision $50 Bronze Plan</th>
<th>TBR Vision $130 Gold Plan</th>
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| **Exam Services**  | Thorough WellVision Exam\(^\text{©}\) covered in full  
No copayment | Thorough WellVision Exam\(^\text{©}\) covered in full  
$10 copayment |
|                    | 15% off of the contact lens exam and all other contact lens services | Contact lens exam (fitting and evaluation) is covered in full with a copay not to exceed $60 for all contact lens wearers (standard and premium fit); members will also receive 15% off of the contact lens exam and all other contact lens services |
| **Lenses**         | $50 materials/eyewear schedule of allowances | Glass or plastic, single vision, lined bifocal, lined trifocal, or lenticular prescription lenses are covered in full, less the $15 material copayment |
| **Lens Options**   | 20% off all lens options | The most popular lens options are covered in full with a copay, saving our members an average of 20-25\(^\%\) |
|                    | N/A                         | Patient cost\(^2\):  
Progressives: $55  
Anti-reflective: $43  
Photochromics: $70  
Scratch resistant coating: $17  
Polycarbonate: $33 |
| **Frame**          | $50 materials/eyewear schedule of allowances | Frames are covered in full up to the retail allowance of $130 and/or $50 wholesale, less the $15 material copayment |
|                    | 20% off any amount above the allowance | 20% off any amount above the allowance |
|                    | N/A                         | Frame allowance backed by a wholesale guarantee, meaning VSP fully covers more frames compared to retail allowance plans |
| **Contact Lenses** | $50 materials/eyewear schedule of allowances | Instead of eyeglasses, elective contact lens materials are covered up to $130 toward any type of prescription contact lenses |
|                    | Exclusive offers for VSP members include: Mail-in rebate savings\(^4\) up to $110 on eligible Bausch & Lomb contacts and up to $125 on eligible ACUVUE Brand Contact Lenses | Exclusive offers for VSP members include: Mail-in rebate savings\(^4\) up to $110 on eligible Bausch & Lomb contacts and up to $125 on eligible ACUVUE Brand Contact Lenses |
| **Out-of-Network Schedule** | Eye Exam: $45.00  
Materials/Eyewear: $50.00 | Eye Exam: $45.00  
Single Vision: $30.00  
Lined Bifocal: $50.00  
Lined Trifocal: $65.00  
Frame: $70.00  
Elective Contact Lenses: $105.00 |
| **Monthly Rates**  | Employee Only: $3.73  
Employee + Spouse: $7.46  
Employee + Child(ren): $7.99  
Employee + Family: $12.78 | Employee Only: $8.10  
Employee + Spouse: $16.22  
Employee + Child(ren): $17.34  
Employee + Family: $27.73 |

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\(^1\) Most popular lens options include progressives, anti-reflective, photochromics, scratch resistant coating, polycarbonate, plastic dyes, and UV protection. All other lens options available at 20% discount.

\(^2\) Prices shown reflect the standard option price, prices on premium options may vary. Prices are valid only through VSP Preferred Providers and are subject to change without notice.

\(^3\) Rebates subject to change.

\(^4\) Using wavefront technology with the microkeratome surgical device only. Other LASIK procedures may be performed at an additional cost to the member. Laser VisionCare discounts are only available from VSP-contracted facilities.

\(^5\) 30% discount applies to glasses purchased the same day as the member’s eye exam from the same VSP Preferred Provider who provided the exam. Members will also receive 20% off unlimited additional pairs of glasses valid through any VSP Preferred Provider within 12 months of the last covered eye exam.

\(^6\) 30% discount applies to glasses purchased the same day as the member’s eye exam from the same VSP Preferred Provider who provided the exam. Members will also receive 20% off unlimited additional pairs of glasses valid through any VSP Preferred Provider within 12 months of the last covered eye exam.

\(^7\) Price is based on national average price for a standard progressive lens add-on ($102) with a 20% Advantage Plan discount.