## 2025 Covered Vision Services

Here is a comparison of discounts, copays and allowed amounts for 2025 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.

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