

<b>State of Tennessee Governments / Municipalities Plan Options*</b>	<b>Basic</b>	<b>Enhanced Plan</b>
<b>Exam with Dilatation as Necessary</b>	\$10 Copay	\$10 Copay
<b>Retinal Imaging Benefit</b>	Up to \$39 Copay	Up to \$39 Copay
<b>Exam Options</b> Standard Contact Lens Fit and Follow-Up: Premium Contact Lens Fit and Follow-Up:	Up to \$55 10% off Retail Price	Up to \$55 10% off Retail Price
<b>Frames</b> Any available frame at provider location	\$0 Copay; \$50 Allowance, 20% off balance over \$50	\$0 Copay; \$125 Allowance, 20% off balance over \$125
<b>Standard Plastic Lenses</b> Single Vision Bifocal Trifocal Lenticular Standard Progressive Lens** Premium Progressive Lens**	Included as part of the \$50 Frame allowance, 20% off balance over \$50	\$25 Copay \$25 Copay \$25 Copay \$25 Copay \$90 Copay \$90, 80% of Charge less \$120 Allowance
<b>Lens Options:</b> UV Treatment Tint (Solid and Gradient) Standard Plastic Scratch Coating Standard Polycarbonate - Adults Standard Polycarbonate - Kids under 19 Standard Anti-Reflective Coating Polarized Other Add-Ons	Included as part of the \$50 Frame allowance, 20% off balance over \$50	15 Copay 15 Copay 15 Copay \$40 Copay \$0 Copay \$45 Copay 20% off Retail Price 20% off Retail Price
<b>Contact Lenses (in lieu of Frames/Lenses)</b> <i>(Contact lens allowance includes materials only)</i> Conventional Disposable Medically Necessary	\$0 Copay; \$50 allowance, 15% off balance over \$50 \$0 Copay; \$50 allowance, plus balance over \$50 \$0 Copay, Paid-in-Full	\$0 Copay; \$125 allowance, 15% off balance over \$125 \$0 Copay; \$125 allowance, plus balance over \$125 \$0 Copay, Paid-in-Full
<b>Laser Vision Correction</b> Lasik or PRK from U.S. Laser Network	15% off Retail Price or 5% off promotional price	15% off Retail Price or 5% off promotional price
<b>Additional Pairs Benefit:</b>	Members also receive a 40% discount off complete pair eyeglass purchases and a 15% discount off conventional contact lenses once the funded benefit has been used.	Members also receive a 40% discount off complete pair eyeglass purchases and a 15% discount off conventional contact lenses once the funded benefit has been used.
<b>Frequency:</b> Examination Lenses or Contact Lenses Frame	Once every 12 months Once every 12 months Once every 12 months	Once every 12 months Once every 12 months Once every 24 months
<b>Out-of-Network Benefits (Allowances)</b> All Eye Exams Frames Single Vision Lenses Bifocal Lenses Trifolcal Lenses Lenticular Lenses Standard Progressive Lenses Premium Progressive Lenses Conventional/Disposable Contacts Medically Necessary Contacts	\$35 \$25 (combined for Frames, Lenses, & Lens Options)        \$40 \$200	\$35 \$63 \$25 \$40 \$55 \$55 \$40 \$40 \$100 \$200
<b>Monthly Premium Rates</b>	<b>Basic</b>	<b>Enhanced</b>
Employee Only	\$3.91	\$5.86
Employee + Spouse	\$7.82	\$11.72
Employee + Child(ren)	\$8.21	\$12.30
Family	\$12.90	\$19.33

\* This is intended as a brief summary of benefits.

\*\* Standard/Premium Progressive lenses not covered - fund as a Bifocal Lens