

## **Benefit Definitions**

## **Vision Examination**

Benefit	In-Network Member Cost	Out-of-Network Reimbursement*	Benefit Frequency/ Definition			
Comprehensive Eye Examination	Exam Copayment	Up to \$35	One exam within a 12-month period for each member covered under the plan.			
Contact Lenses Fit and Follow-Up						
Standard	\$55 Copayment	N/A	Generally easier to fit; most disposable or daily wear should fall into this category.			
Premium	10% off retail	N/A	Often those that require additional consideration in the fit such as toric lenses to correct an astigmatism, gas permeable or color contacts that can require additional attention			

## **Vision Materials**

Benefit	In-Network Member Cost	Out-of-Network Reimbursement*	Benefit Frequency/ Definition	
Standard Plastic Lenses	One set of lenses within a 12-month period for each member covered under the plan.			
Single Vision	Materials Copayment	Up to \$30	Covered in full after copayment.	
Bifocal	Materials Copayment	Up to \$45	Covered in full after copayment.	
Trifocal	Materials Copayment	Up to \$60	Covered in full after copayment.	
Lenticular (this is not shown on standardly produced benefit summary)	20% off retail	N/A	A lenticular lens is one in which the power is in the center of the lens but the edge is a portion of plain glass, so it is easily mounted in a frame. Lenticular lenses are an antiquated means of assisting patients after cataract surgery. Now, ophthalmologists insert lenses into the eye during surgery, making them unnecessary	
Frames	\$0 Copayment up to selected allowance, 20% off balance over allowance	Up to \$50	One pair of frames within a 12- or 24-month period for each member covered under the plan.	
Contacts	One set of lenses within a 12-month period for each member covered under the plan (in lieu of lenses + frames)			
Disposable	\$0 Copayment up to selected allowance, 15% off balance over allowance	Up to \$80	Contact lenses that are thrown away after a short period of time. Usage of disposable contact lenses ranges from one day to two weeks, while frequent replacement lenses are discarded monthly or quarterly.	
Medically Necessary	Paid in Full	Up to \$200	Contact lenses are defined as medically necessary if the individual is diagnosed with specific conditions. These do require prior authorization (reviewed by Medical director) prior to dispensing.	
Lens Options	One set of lenses within a 12-month period for each member covered under the plan.			
Standard Polycarbonate	\$40 Copayment	N/A	More durable than regular plastic,	
Standard Polycarbonate (For covered dependent children under 19)	\$0 Copayment	Up to \$5	polycarbonate lenses are very lightweight. They also have greater impact resistance than any other lens material, making it the lens of choice for sports eyewear, children or active lifestyles	

Benefit	In-Network Member Cost	Out-of-Network Reimbursement*	Benefit Frequency/ Definition
UV Treatment	\$15 Copayment	N/A	Lens treatment applied to absorb the harmful portion of UV light found in sunlight
Tint	\$15 Copayment	N/A	Most non-glass lenses can be dyed to add color for cosmetic purposes or to reduce light transmission. Glass lenses must be made from colored glass or have color applied by vacuum coating
Standard Plastic Scratch Coating	\$15 Copayment	N/A	Scratch-Resistant Coating is added to increase your lens durability by protecting your lenses from wear and tear
Standard Progressive Lenses (add on to Bifocal)	\$65 Additional Copayment	Up to \$45	While traditional multifocal (bifocal and trifocal) lenses have a line in the middle of the lens, progressive lenses are line-free. The power gradually changes from distance correction to intermediate vision (at arm's length), to near vision (at reading distance), moving invisibly from the top to the bottom of the lens.
Premium Progressive Lenses (add on to Bifocal)	\$65 Additional Copayment, 20% off retail price less \$120 allowance	Up to \$45	Uses the latest/newest technology to blend the fields of vision.
Standard Anti-Reflective Coating	\$45 Copayment	N/A	Anti-reflective coatings reduce glare and enhance your appearance by removing distracting reflections.
Other Lens Options	\$20% off retail	N/A	

<sup>\*</sup> Out-of-Network Reimbursement is non-negotiable.

AMERICA'S BEST CONTACTS & EYEGLASSES 2876 Wilma Rudolph Blvd.
Clarksville, TN 37040 931-436-9175

EYECARE PLUS 2024 Wilma Rudolph Blvd. Clarksville, TN 37040 931-551-3031

FAMILY EYECARE OF CLARKSVILLE 1492 Madison Street Clarksville, TN 37040 931-648-0544

SANGO EYECARE 2699 Townsend Court Clarksville, TN 37043 931-647-8417

PEARLE VISION 2257 Wilma Rudolph Blvd Clarksville, TN 37040 931-919-2783 CLARKSVILLE EYE CLINIC 1111 Ft. Campbell Blvd #A Clarksville, TN 37042 931-645-0346

LENSCRAFTERS 2801 Wilma Rudolph Blvd Clarksville, TN 37040 931-552-2233

SEARS OPTICAL 2801 Wilma Rudolp Blvd Clarksville, TN 37040 931-552-7446

SITES VISION CENTER 621 N Riverside Drive Clarksville, TN 37040 931-647-5237

