## 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.

|                                | TBR Vision \$50 Bronze Plan   | TBR Vision \$130 Gold Plan  |
|--------------------------------|---|---|
| Exam<br>Services               | Thorough WellVision Exam <sup>®</sup> covered in full<br>No copayment   | Thorough WellVision Exam <sup>®</sup> covered in full<br>\$10 copayment   |
|                                | 15% off of the contact lens exam and all other contact lens services  | Contact lens exam (fitting and evaluation) is covered<br>in full with a copay not to exceed \$60 for all contact<br>lens wearers (standard and premium fit); members will<br>also receive 15% off of the contact lens exam and all<br>other contact lens services |
| Lenses                         | <b>\$50</b> materials/eyewear schedule of allowances  | Glass or plastic, single vision, lined bifocal, lined<br>trifocal, or lenticular prescription lenses are covered in<br>full, less the \$15 material copayment   |
| Lens<br>Options                | 20% doff all lens options   | The most popular lens options are covered in full with a copay, saving our members an average of $20-25\%^2$  |
|                                | N/A   | Patient cost <sup>3</sup> :<br>Progressives: \$55<br>Anti-reflective: \$43<br>Photochromics: \$70<br>Scratch resistant coating: \$17<br>Polycarbonate: \$33   |
|                                | N/A   | Dependent children are eligible for covered in full polycarbonate prescription lenses   |
| Frame                          | <b>\$50</b> materials/eyewear schedule of allowances  | Frames are covered in full up to the retail allowance of <b>\$130</b> 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,<br>meaning VSP fully covers more frames compared to<br>retail allowance plans  |
| Contact<br>Lenses              | <b>\$50</b> materials/eyewear schedule of allowances  | Instead of eyeglasses, elective contact lens materials<br>are covered up to <b>\$130</b> toward any type of<br>prescription contact lenses  |
|                                | Exclusive offers for VSP members include: Mail-in<br>rebate savings <sup>4</sup> up to \$110 on eligible Bausch & Lomb<br>contacts and up to \$125 on eligible ACUVUE Brand<br>Contact Lenses | Exclusive offers for VSP members include: Mail-in<br>rebate savings⁴ up to \$110 on eligible Bausch & Lomb<br>contacts and up to \$125 on eligible ACUVUE Brand<br>Contact Lenses   |
| Out-of-<br>Network<br>Schedule | Eye Exam: \$45.00<br>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<br>Rates               | Employee Only:\$3.73Employee + Spouse:\$7.46Employee + Child(ren):\$7.99Employee + Family:\$12.78   | Employee Only:\$8.10Employee + Spouse:\$16.22Employee + Child(ren):\$17.34Employee + Family:\$27.73   |

<sup>&</sup>lt;sup>2</sup> 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.

<sup>3</sup>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.

Rebates subject to change.

<sup>5</sup> 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.

<sup>6</sup> 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.

<sup>7</sup> The copay amounts are examples amounts only and may be customized to meet specific needs. <sup>8</sup> Price is based on national average price for a standard progressive lens add-on (\$102) with a 20% Advantage Plan discount.

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VSP Vision Care Proprietary & Confidential