



TENNESSEE BOARD OF REGENTS

TBR Voluntary Benefits

TBR Voluntary Vision Insurance Benefit



*Customized Vision Voluntary Benefits
for You and Your Family*

www.TBRBenefits.com



Vision Benefit

Keep your eyes health with Tennessee Board of Regents and VSP® Vision Care. Why enroll in VSP? Your eyes deserve the best care to keep them healthy year after year. Plus with VSP, you'll get a great value on your eyecare and eyewear.

You'll like what you see with VSP

- **Personalized Care.** You'll get quality care that focuses on your eyes and overall wellness with VSP. Plus, your satisfaction is guaranteed when you see a VSP doctor.
- **Great Eyewear.** Choose the eyewear that's right for you and your budget.
- **Choice of Providers.** You can choose any eyecare provider- your local VSP doctor, a retail chain affiliate, or anv other provider. Once your benefit is effective. visit vsp.com for your complete benefit description.

Save with VSP Coverage:	Without VSP Coverage	With VSP Gold Coverage
Eye Exam	\$140	\$10 Copay
Frame	\$130	\$15 Copay
Single Vision Lenses	\$84	
Anti-Reflective Coating	\$106	\$69
Transitions® Lenses	\$97	\$70
Employee Only Annual Contribution	N/A	\$97.20
Total	\$557	\$261.20



Using your VSP benefit is easy

- **Find an eyecare provider who's right for you.** To find a VSP doctor or retail chain affiliate, visit vsp.com or call 877-503-1588
- **Review your benefit information.** Visit vsp.com to review your plan coverage before your appointment.
- **At your appointment, tell them you have VSP.** There's no ID card necessary.

That's it! We'll handle the rest – there are no claim forms to complete when you see a VSP doctor or retail chain affiliate.

Choice in Eyewear

From classic styles to the latest designer frames, you'll find hundreds of options for you and your family. Choose from great brands like bebe®, Calvin Klein, Disney, FENDI, Nike, and Tommy Bahama®.

Enroll in VSP at www.TBRBenefits.com

Your VSP Vision Benefit Summary

	TBR Vision Bronze Plan	TBR Vision Gold Plan
Exam Services	Thorough WellVision Exam® covered in full No copayment	Thorough WellVision Exam® 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% ²
	N/A	Patient cost ³ : Progressives: \$55 Photochromics: \$70 Anti-reflective: \$43 Scratch resistant coating: \$17 Polycarbonate: \$33
	N/A	Dependent children are eligible for covered in full polycarbonate prescription lenses
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	
Out-of-Network Schedule	Eye Exam: \$45.00 Materials/Eyewear: \$50.00	Eye Exam: \$45.00 Elective Contact Lenses: \$105.00 Single Vision: \$30.00 Frame: \$70.00 Lined Bifocal: \$50.00 Lined Trifocal: \$65.00
Monthly Premium¹	Employee Only: \$4.42 Employee + Spouse: \$8.84 Employee + Child(ren): \$9.48 Employee + Family: \$15.15	Employee Only: \$9.59 Employee + Spouse: \$19.21 Employee + Child(ren): \$20.54 Employee + Family: \$32.84

¹Rates include administrative fees ² 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. ³Prices 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. ⁴ Rebates subject to change.

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All you have to do to enroll in VSP Vision is to visit our website www.TBRBenefits.com and follow the quick and easy enrollment process. Take all the time you need to evaluate the plans to decide which will work best for you and your family. The plan is voluntary and you can pay for it through convenient payroll deduction.

To locate a VSP Provider:

1. Go to www.vsp.com/choice
2. Enter the search information
3. Click search



Enroll in VSP at www.TBRBenefits.com
Don't miss your chance to enroll.