May 20, 2021



Hon. Kevin Lee Benton Montague County Judge PO Box 475 Montague, TX 76251-0475

Dear Judge Benton:

The Texas Association of Counties Health and Employee Benefits Pool (TAC HEBP) is pleased to enclose Montague County's employee benefit renewal packet for your upcoming plan anniversary date.

We recognize that 2020 was a difficult year for many people and organizations, and the Pool was no exception. For over a decade, the Pool renewal has been below the national average for health plan rate increases (trend). This year, due to a surge in high-cost claimants as well as claims related to the COVID-19 pandemic, the Pool renewal average of 7.3% is at or slightly below the projected 2021 national combined medical and Rx trend (healthcare cost inflation) of 7.3 - 8.1%.

Renewal rates are set annually using a comprehensive actuarial process that determines the amount needed by the Pool to fund claims and operating costs for the coming year. We then evaluate each individual county or district based on a combination of the group's size, claims experience, age, and geographic area (healthcare claims vary significantly by geographic region). Based on this analysis, your group's renewal rate may be above or below the Pool average. Your renewal rates for Plan Year 2022 are enclosed, along with your TAC Employee Benefits and Wellness Consultants' contact information. Your renewal information may include alternate benefit plans with pricing (if not, alternates are available upon request).

TAC HEBP understands how valuable healthcare benefits are for your employees and their families. We appreciate your partnership with the Pool, and want to continue helping Montague County offer this important benefit. Again, we thank you for your membership in the Pool and look forward to working with you during the upcoming plan year.

Sincerely,

Amy

Quincy Quinlan, Director Health and Benefits Services Department Texas Association of Counties

cc: Jennifer Essary cc: Jennifer Fenoglio



Montague County's Renewal Rate change(s) for Plan Year 2022:

Health Plan: 6.2%
Dental Plan: 2.3%
Life Plan(s): No change to current Basic Life rates. Please see enclosed information about our new Voluntary Life option.
Vision Plan: Employee or Employer-paid options available

NOTE: Deadline for returning signed renewal documents to TAC HEBP: June 30, 2021

Contact your TAC Employee Benefits Consultant right away if you:

- Want to discuss alternates, and/or to learn about the impact of changes to your plan
- Want information about other TAC HEBP employee benefit plans (Dental, Life, or Vision)
- Are considering changes to your personnel policies that will affect benefits (such as adding/dropping retiree benefits, changing waiting period, etc.)

Your Employee Benefits Consultant: Santos Trejo (santost@county.org) (800) 456-5974

- *Healthy County forms:* Your renewal packet includes Healthy County Contacts and CSI (County Specific Incentive) documents. Please review and make changes as needed to your Wellness contact information. Please complete both forms and return them with your renewal. Contact your TAC Wellness Consultant if you have any questions. *Your Wellness Consultant: Shameria Davis (shameriad@county.org) (800) 456-5974.*
- *Employee Open Enrollment:* You have the option to allow employees to make their open enrollment changes online through the Employee Self-Service portal, https://mybenefits.county.org.
- Affordable Care Act Fees: The HEBP Board voted to pay 2021 ACA fees on behalf of Pooled groups; see attached 'Health Care Reform Updates' document for details.
- *Open Enrollment Toolkit*: This will be sent via email by July 23 and contains the forms and notices your group will need to process employee benefit renewals.
- When It's Due for 2022: Once your renewal benefit decision has been approved, complete Montague County's Renewal Notice and Benefits Confirmation (RNBC), <u>print and initial/sign where indicated</u>, and return to TAC HEPB via email, or fax to (512) 481-8481 on or before the date shown below.

ACTION REQUIRED: Please present the renewal, with Alternates if desired, to the Commissioners Court for a decision. Once the renewal plan has been selected, complete the RNBC form online, and <u>return the initialed and signed RNBC to TAC no later than June 30, 2021.</u>

**NOTE:** Submitting your RNBC after the due date will result in a delay in implementing your benefit plan renewal, including employee enrollment changes.

#### **Renewal Attachments:**

**Renewal Letter** 

**Renewal Documents** 

- Renewal Notice and Benefit Confirmation (RNBC)
- Alternate Health Plan Proposal (available by request for HRA or HSA plans)
- 12-month Claims Report
- High-Cost Claimant (HCC) Report
- Healthy County Wellness Contacts designation form
- Healthy County County-Specific Incentive (CSI) election form

**Renewal Packet** 

#### **Renewal Packet contents:**

Renewal Checklist Renewal Calendar TAC HEBP Territory Map and Contacts

New Voluntary Life Option Grandfathered Plan FAQ Health Care Reform update memo for 2021-22 Employee Self-Service for Open Enrollment instructions Alternate Plan Selection and Online RNBC completion instructions



TEXAS ASSOCIATION of COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

# 2021 - 2022 Renewal Notice and Benefit Confirmation

### Group: 94581 - Montague County

Anniversary Date: 10/01/2021

#### Return to TAC by: 06/30/2021

Please initial and complete each section confirming your group's benefits and fill out the contribution schedule according to your group's funding levels. Fax to 1-512-481-8481 or email to karenb@county.org.

For any plan or funding changes other than those listed below, please contact Karen Bowers at 1-800-456-5974.

Medical: Plan 1200 \$3 RX Plan: Option 4A \$1	0 Copay, \$1000 0/25/40, \$0 Dec	) Ded, 80%, \$3000	OOP Max		
Your % rate increase			our payroll deduction	s for medical benefi	ts are: Pre Ta
Tier	Current Rates	New Rates Effective 10/1/2021	New Amount Employer Pays	New Amount Employee Pays	New Amount Retiree Pays (if applicable)
Employee Only	\$879.72	\$934.26	\$ 934.26	\$ 0	\$ 934.26
Employee + Child(ren)	\$1,383.18	\$1,468.94	\$ 934.26	\$ 534.1.8	\$ 1468.94
Employee + Spouse	\$1,877.62	\$1,994.02	\$ 934.26		
Employee + Family	\$2,381.06	\$2,528.68	\$ 934.26	\$ 1594.42	\$ 2528.68

#### DENTAL

Dental: Plan II w/Ortho - 100% Prevent., \$50 Ded, 80% Basic, 50% Major

Your % rate increase is: 2.30%

Your payroll deductions for dental benefits are: Pre Tax

Tier	Current Rates	New Rates Effective 10/1/2021	New Amount Employer Pays	New Amount Employee Pays	New Amount Retiree Pays (if applicable)
Employee Only	\$30.78	\$31.48	\$ 31.48	\$ 0	\$ 31.48
Employee + Child(ren)	\$63.62	\$65.08	\$ 31.48	\$ 33.60	\$ 65.08
Employee + Spouse	\$67.74	\$69.30	\$ 31.48	\$ 37.82	\$ 69.30
Employee + Family	\$100.54	\$102.84	\$ 31.48	\$ 71.36	<u>\$ 102.84</u>

Initial to accept Dental Plan and New Rates.

		LIFE - B			
Basic Life Products:			Coverage Vo	lume per Employee:	\$20,000
Rates are per thousand)		rrent tes	New Rates Effective 10/1/2021	Amount Employer Pays	Amount Employee/ Retiree Pays (if applicable)
Basic Term Life	\$0.:	202	\$0.202	100%	0%
Basie AD&D	\$0.0		\$0.027	100%	0%
	ot New Basic Life Rates.				
		RETIR	REE		
Please circle one for eac					
Your group allows retiree	e coverage for:				
Medical	✓ Pre 65	□Post 65			
Dental	✓Pre 65	✓Post 65			
hitial to conf					
Waiting period applies			PERIOD	Elected Offic Date of hi	
Waiting period applies	to all benefits. <b>Employe</b> 89 days - Day followin	es	PERIOD		
Waiting period applies	to all benefits. <b>Employe</b> 89 days - Day followin	es	PERIOD		
Waiting period applies	to all benefits. <b>Employe</b> 89 days - Day followin	es	PERIOD		
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Waiting period applies	to all benefits. <b>Employe</b> 89 days - Day followin	es	PERIOD		
Waiting period applies	to all benefits. <b>Employe</b> 89 days - Day followin	es	PERIOD		

#### COBRA ADMINISTRATION

Please indicate how your group manages COBRA administration:

County/Group processes COBRA on OASYS \*County/Group is responsible for fulfilling COBRA notification process and requirements.

BCBS COBRA Department processes COBRA \*BCBS COBRA Department administers via COBRA contract with the County/Group

Contraction.

#### PLAN INFORMATION

#### **Broker or Consultant Information**

X

Please confirm your broker or consultant's name, if applicable:

Agency Name	
Agency Address	
Number and Street	
City	
State	
Zip	
Broker Representative or Consultant's Name	
Contact Phone Number	
Contact Email Address	

\_\_\_\_Initial to confirm Broker or Consultant information

- Please update broker or consultant's information.
- If applicable, broker commissions are included in rates listed on page 1.
- Retirees pay the same premium as active employees regardless of age for medical and dental.
- Rates based upon current benefits and enroliment. A substantial change in enrollment (10% over 30 days or 30% over 90 days) may result in a change in rates.
- Form must be received by 06/30/2021 in order to avoid additional administrative fees.
- Signature on the following page is required to confirm and accept your group's renewal.

# **TAC HEBP Member Contact Designation**

#### Montague County CONTRACTING AUTHORITY

As specified in the Interlocal Participation Agreement, each Member Group hereby designates and appoints, as indicated in the space provided below, a Contracting Authority of department head rank or above and agrees that TAC HEBP shall NOT be required to contact or provide notices to ANY OTHER person. Further, any notice to, or agreement by, a Member Group's Contracting Authority, with respect to service or claims hereunder, shall be binding on the Member. Each Member Group reserves the right to change its Contracting Authority from time to time by giving written notice to TAC HEBP.

		Please list changes and/or corrections below.
Name/Title	Ms. Jennifer Essary/Auditor	
Address	PO Box 56 Montague, 76251-0056	
Phone	940-894-6090	
Fax	940-894-3110	
Email	jessarymca@gmail.com	CONTACT
Responsibl	e for receiving all invoices relating to HEBP produ	
		Please list changes and/or corrections below.
Name/Title	Jennifer Fenoglio/Treasurer	
Address	PO BOX 186 Montague, TX 76251	
Phone	940-894-2161	
Fax	940-894-3110	
Email	j.fenoglio@co.montague.tx.us	
HIPAA Sec		
		PRESENTATIVE
HEBP'S Ma	ain contact for daily matters pertaining to the heal	Please list changes and/or corrections below.
Name/Title	Jennifer Fenoglio/Treasurer	
Address	PO Box 186 Montague, TX 76251	
Phone	940-894-2161	
Fax	940-894-3110	
Email Signature o	j.fenoglio@co.montague.tx.us	Date: June 14, 2021
Riago PDI	M L BENTON, COUNTY JUNNING AND THE	Abe
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The Texas Association of Counties would like to thank you for your membership in the only all county-owned and county directed Health and Employee Benefits Pool in Texas.



TEXAS ASSOCIATION of COUNTIES HEATTH AND EMPLOYEE BENTFUTS POOL

### 2021 - 2022 Alternate Plan Proposal

### Group: 94581 - Montague County

#### Effective Date: 10/01/2021

Plan: Option: Rates	Current Plan Year 1200 RX-4A	Renewal Rates 1200 RX-4A	Option 1 1200-G2 RX-4A-G2	Option 2 1300-NG RX-4A-NG
Employee Only	\$879.72	\$934.26	\$886.46	<b>\$90</b> 0.00
Employee + Child(ren)	\$1,383.18	\$1,468.94	\$1,393.48	\$1,414.84
Employee + Spouse	\$1,877.62	\$1,994.02	\$1,891.40	\$1,920.44
Employee + Family	\$2,381.06	\$2,528.68	\$2,398.38	\$2,435.28
Medical Plan				
Deductible In/Out Network	\$1000/3000	\$1000/3000	\$1370/4110	\$1500/4500
Co-Insurance % in/Out	80/60	80/60	80/60	80/60
Co-Insurance Maximum	\$3000/6000	\$3000/6000	\$4100/8200	\$3500/7000
Office Visit Specialist Visit	\$30	\$30	\$40	\$30
Emergency Room Hospital	\$120	\$120	\$135	\$150
Prescription Plan				
Prescription Card Co-Pay	10/25/40	10/25/40	15/30/50	10/25/40
Deductible	\$0	\$0	\$0	\$0

Proposal rates are based on the following information:

- Rates based upon current benefits and enrollment. A substantial change in enrollment (10% over 30 days or 30% over 90 days) may result in a change in rates.
- Rates are based on a minimum employer contribution of 100% of the employee only rate or current funding level.
- Retirees pay the same premium as active employees regardless of age for medical and dental.
- Form must be received by 06/30/2021 in order to avoid a delay in implementation of benefits and/or late processing fees.

Please indicate the selected plan here $\frac{1200 R \times -44}{4}$	
Fax the signed document to 1-512-481-8481.	
Signature Date June 14 2020	

94581 - Montague County, 2022, Alternate Plan Proposal



#### HEALTHY COUNTY: COUNTY SPECIFIC INCENTIVE PROGRAM

A County Specific Incentive (CSI) is a wellness program that rewards employees and/or spouses for healthy behaviors such as completing an annual exam, tobacco affidavit, or participating in a physical activity program in exchange for avoiding a premium contribution, a lower monthly premium, earn additional days of PTO, or other rewards decided on by the County or District. Penalties and Rewards are administered at the county or district level.

Healthy County is available to assist in the process of designing, communicating, and tracking a CSI. Employees will be able to view their progress and completion of the incentive on the Healthy County energized by Sonic Boom portal.

#### YOUR COUNTY OR DISTRICT'S CSI

Our records indicate that your County or District does not currently have a CSI. Please make a selection below to let us know if you would like to implement a CSI or learn more about implementing a CSI. Your county or district's Wellness Consultant will reach out to you to discuss design options. Also, please feel free to contact your county or district's Wellness Consultant at any time to begin this process. If your County or District decides to implement a CSI, there is a six week waiting period before employees can view the program online.

U We would like to implement a CSI Program for the 2021-2022 plan year.

□ We are interested in learning more about the CSI Program.

We are not interested in learning more about the CSI Program at this time.

County or District Name: MONTACUE
Printed Name and Title: KEVIN L. BENTOK, COURTY JUDGE
Contracting Authority Signature:
Date: June 14 2021

# A VOLUNTARY VISION QUOTE FOR

**MONTAGUE COUNTY** 

**EFFECTIVE OCTOBER 1, 2021** 



TEXAS ASSOCIATION of COUNTIES + HEALTH AND EMPLOYEE BENEFITS POOL



### **Transmittal Information | Montague County**

A Quote for Voluntary Vision

#### ORGANIZATION

Texas Association of Counties Health and Employee Benefits Pool

1210 San Antonio Street | Austin, Texas 78701

**CONTRACTING AUTHORITY** 

Quincy Quinlan, Director, Health and Benefits Services

QuincyQ@county.org | (512) 478-8753

CONTACT FOR CLARIFICATIONS

Santos Trejo, Employee Benefits Consultant

SantosT@county.org| (832) 647-5336







# MONTAGUE COUNTY

A VOLUNTARY VISION QUOTE

OCTOBER 1, 2021

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# **Cover Letter**



TEXAS ASSOCIATION of COUNTIES HEALTH AND EMPLOYET BENEFITS POOL



May 25, 2021

Honorable Jennifer Fenoglio P.O. Box 186 Montague, Texas 76251

Dear Ms. Fenoglio:

The Texas Association of Counties Health and Employee Benefits Pool (TAC HEBP) is pleased to provide a quote for Voluntary Vision coverage for Montague County's October 1, 2021 effective date.

Our proposed vison plan is a voluntary plan and does not require an employer contribution, nor a minimum employee participation. Your employees will enjoy the flexibility to choose any in-network provider and experience a benefits package without unnecessary restrictions or complicated formularies. Members have their choice to purchase any hardware by using a simple benefit plan design.

We appreciate our relationship with Montague County over the past several years as the provider of your employee health benefits. Rest assured that the same value and service will be provided to your employees and their families, should you elect to offer your vision benefits through TAC HEBP. We believe there is no better partner for Montague County than TAC HEBP: the organization that is focused entirely on county needs. We are committed to providing the highest quality benefits at the best long term cost. Please feel free to contact me at (832) 647-5336 or by email at SantosT@county.org for any additional information.

Sincerely,

Santos Trejo

**Employee Benefits Consultant** 

Texas Association of Counties Health and Benefits Services Department

(512) 478-8753 • (800) 456-5974 • (512) 478-0519 FAX • www.county.org • 1210 San Antonio, Austin, TX 78701 • P.O. Box 2131, Austin, TX 78768-2131 Susan M. Redford, Executive Director

### Voluntary Vision Quoted Rates

#### PLAN 12/12/24/\$130

Frequency – 12/12/24

> Examination: Once Every 12 Months

Lenses or Contact Lenses: Once Every 12 Months

➢ Frame: Once Every 24 Months

Exam with Dilation - \$10 Copay

Frames – No Copay, \$130 Allowance, 20% off Balance over \$130



TEXAS ASSOCIATION OF COUNTILS HEALTH AND EMPLOYEE BENELLIS POOL



Voluntary Vision Plan Proposal For: Effective Date:

Montague County October 1, 2021

### VOLUNTARY VISION

Employee Only Employee Child(ren)	\$6.20
Employee Spouse	\$12.44 \$11.80
Employee Family	\$18.28

#### **Benefits**

Examination Frequency Lenses or Contact Lenses Frequency	ONCE EVERY 12 MONTHS	
	ONCE EVERY 12 MONTHS	
Frames Frequency	ONCE EVERY 24 MONTHS	
Vision Care Services	\$10 COPAY	
Contact Lens Fit and Follow-Up	UP TO \$40 FOR STANDARD; 10% OFF RETAIL PRICE FOR PREMIUM	
Frames –Any available frame at Provider Location	\$0 COPAY, \$130 ALLOWANCE, 20% OFF BALANCE OVER \$130	

#### Proposal rates are based on the following:

- Rates effective from 10/01/2021 through 09/30/2022.
- Offer guaranteed until 10/01/2021.
- Enrollment dates and schedule to be determined jointly by group and TAC HEBP.
- Enrollments scheduled less than 30 days prior to the effective date may result in a delay in implementation of benefits and ID Cards.
- Retirees pay the same premium as active employees for vision regardless of age.

**Confidential and Proprietary** 

# Summary of Vision Benefits Texas Association of Counties

12/12/24/\$130

Frequency		
Examination	Once every 12 months	
Lenses or contact lenses	Once every 12 months	
Frame	Once every 24 months	
Contact lens eval/fitting	N/A	
Vision Care Services	In-Network Member Cost	Out-of-Network Reimbursement*
Exam with dilation as necessary	\$10 copay	Up to \$30
Contact lens fit and follow-up	Up to \$40 for standard; 10% off retail price for premium	N/A
Frames		
Any available frame at provider location	\$0 copay, \$130 allowance, 20% off balance over \$130	Up to \$65
Standard Lenses		
Single vision	\$25 copay	Up to \$25
Bifocal	\$25 copay	Up to \$40
Trifocal	\$25 copay	Up to \$55
Lenticular	\$25 copay	Up to \$55
Standard progressive lens	\$75 copay	Up to \$40
Premium progressive lens	See table on page 2.	Up to \$40
Lens Options		
Tint (solid and gradient)	\$15	N/A
Scratch resistant coating	\$0	Up to \$5
Polycarbonate lenses	\$0 kids; \$40 adults	Up to \$5 kids
Ultraviolet coating	\$15	N/A
Anti-reflective coating	See table on page 2.	N/A
High index lenses	20% off retail	N/A
Polarized lenses	20% off retail	N/A
Photochromic/transitions plastic	\$75	N/A
Contact Lenses (in lieu of spectacle le	enses)	
Conventional	\$0 copay, \$130 allowance, 15% off balance over \$130	Up to \$104
Disposable	\$0 copay, \$130 allowance, plus balance over \$130	Up to \$104
Medically necessary	\$0 copay, paid-in-full	Up to \$210
Other		
Laser vision correction	15% retail price or 5% off promotional price	N/A
	40% off purchase of complete pair of eyeglasses	
Additional pairs benefit	and a 15% off conventional contact lenses once	N/A
	the funded benefit has been used	
Amplifon hearing discount	40% off hearing exams and low price guarantee on discounted hearing aids	N/A
Additional discounts	20% off non-covered items with limitations	N/A
Monthly Premium		
Employee	\$6.20	
Employee + spouse	\$11.80	
Employee + child(ren)	\$12.44	
Employee + family	\$18.28	
Fligibility: All active full-time employees	as defined by your employer	

**Eligibility:** All active full-time employees as defined by your employer. Dependent coverage is available to age 26.



Insurance products issued by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148.



Additional discounts

40% Complete pair of prescription eyeglasses

**20%** 

Non-prescription sunglasses

20% Remaining balance beyond plan coverage

These discounts are not insured benefits and are for in-network providers only.

### Take a sneak peek before enrolling

- For a complete list of in-network providers near you, visit eyemedvisioncare.com/bcbstxvis or call 855-556-8796.
- For LASIK providers, call 877-5LASER6.



#### Summary of Benefits Continued

Progressive Price List <sup>1</sup>	Member Cost In-Network
Standard progressive	\$75 copay
Premium progre	ssives <sup>2</sup> as follows:
Tier 1	<b>\$95</b> copay
Tier 2	\$105 copay
Tier 3	\$120 copay
Tier 4	\$75 copay 80% of charge less \$120 allowance
Anti-Reflective Coating Price List <sup>1</sup>	Member Cost In-Network
Standard anti-reflective coating	\$45
Premium anti-reflectiv	ve <sup>2</sup> coatings as follows:
Tier 1	\$57
Tier 2	\$68
Tier 3	80% of charge
Other Add-ons Price List	Member Cost In-Network
Photochromic	\$75
Polarized	80% of charge

#### Plan Exclusions

- 1. Orthoptic or vision training, subnormal vision aids and any associated supplemental testing; aniseikonic lenses
- 2. Medical and/or surgical treatment of the eye, eyes or supporting structures
- Any eye or vision examination, or any corrective eyewear required by a policyholder as a condition of employment; safety eyewear
- Services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof
- 5. Plano (non-prescription) lenses and/or contact lenses
- Non-prescription sunglasses
- 7. Two pair of glasses in lieu of bifocals
- Services rendered after the date an insured person ceases to be covered under the policy, except when vision materials ordered before coverage ended are delivered, and the services rendered to the insured person are within 31 days from the date of such order
- 9. Services or materials provided by any other group benefit plan providing vision care
- Lost or broken lenses, frames, glasses or contact lenses will not be replaced except in the next benefit frequency when vision materials would next become available



INDEPENDENT PROVIDER NETWORK





OPTICAL

<sup>1</sup>Member Reimbursement Out-of-Network will be the lesser of the listed amount or the member's actual cost from the out-of-network provider. In certain states, members may be required to pay the full retail rate. <sup>2</sup>Blue Cross Blue Shield of Texas Vision Care reserves the right to make changes to the products on each tier and the member out-of-pocket costs. Fixed pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels. <sup>3</sup>Premium progressives and premium anti-reflective designations are subject to annual review by EyeMed's Medical Director and are subject to change based on market conditions. Fixed pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels. Not available in all states. Some provisions, benefits, exclusions or limitations listed herein may vary.

For employee use. This piece is for illustrative purposes only and is not a contract. It is intended to provide only a brief summary of the type of policy and insurance coverage advertised. The policy provides the actual terms of coverage, including any exclusions, conditions and limitations to coverage.

All plans are based on a 48-month contract term and 48-month rate guarantee. Premium is subject to adjustment even during a rate guarantee period in the event of any of the following events: changes in benefits, employee contributions, the number of eligible employees, or the imposition of any new taxes, fees or assessments by Federal or State regulatory agencies. Benefits may not be combined with any discount, promotional offering or other group benefit plans. Benefit allowance provides no remaining balance for future use with the same benefits year. Fees charged for a non-insured benefit must be paid in full to the Provider. Such fees or materials are not covered. This is a snapshot of your benefits. The Certificate of Insurance is on file with your employer.

Benefits are available from the EyeMed Vision Care, LLC provider network and are administered by First American Administrators, Inc., independent companies that offer benefits on behalf of Blue Cross and Blue Shield of Texas. Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association. Insurance products issued by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148. Dearborn Life Insurance Company is an independent licensee of Blue Cross and Blue Shield Association. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

# **Benefit Details**



TYNAS ASSOCIATION of COUNTRS HEALTHEAND EMPLOYED BENELLES POOL

# Vision Benefits Made Easy

Vision benefits should enhance your life, not complicate it. That's why Blue Cross and Blue Shield of Texas brings you vision benefits that deliver more.



### America's largest vision network<sup>1</sup>

You'll have access to 96,000 providers including 54,000 independent providers.<sup>2</sup> Plus, you can visit top retail providers such as LensCrafters<sup>®</sup>, Pearle Vision<sup>s</sup> and Target Optical<sup>s</sup>.



#### 2. A more convenient experience

Our member portal gives you access to benefit details, claims, provider locations and more. And since many providers offer extended evening and weekend hours, you can get care when it works for you.



### Choices that will make you happy

No restrictions or limiting frame towers here! You can choose from any frame available at your in-network provider location, including frame brands such as Armani, Coach, Ray-Ban, DKNY and many more.<sup>3</sup>

#### Amazing savings

You'll get even more bang for your buck with 40% off additional complete pairs of eyeglasses, 20% off non-prescription sunglasses and 15% off laser vision correction.4

#### 5. Answers when you need them

You'll receive a welcome kit with answers to frequently asked questions, your ID card and more. You'll also have access to one of America's highestrated and award-winning customer call centers.5



Being a Vision Care member has **ADVANTAGES!** 

Enroll in Blue Cross and Blue Shield of Texas vision benefits today!







O OPTICAL

<sup>1</sup>EyeMed Analysis of NetMinder data through November 2018. <sup>2</sup>On the Blue Cross and Blue Shield of Texas Vision Care Select network. <sup>3</sup>All brands may not be available at all provider locations. <sup>4</sup>Discounts only available at participating in-network providers. Does not apply to discount plans. For the past 10 years in a row, our Customer Care Center has been recognized as a "Certified Center of Excellence" by Purdue University Benchmark Portal.

For employee use only. Benefits are available from the EyeMed Vision Care, LLC provider network and are administered by First American Administrators, Inc., independent companies that offer benefits on behalf of Blue Cross and Blue Shield of Texas. Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association. Insurance products issued by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148. Blue Cross and Blue Shield of Texas is the trade name of Dearborn Life Insurance Company, an independent licensee of Blue Cross and Blue Shield Association. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans. 750193.0919

# Summary of Vision Benefits Texas Association of Counties

#### 12/12/24/\$130 Frequency

Examination Lenses or contact lenses Frame Contact lens eval/fitting Once every 12 months Once every 12 months Once every 24 months N/A

Out-of-Network Reimbursement\* Up to \$30

N/A

Up to \$65

Vision Care Services	In-Network Member Cost
Exam with dilation as necessary Contact lens fit and follow-up	\$10 copay Up to \$40 for standard; 10% off retail price for premium
Frames Any available frame at provider location	\$0 copay, \$130 allowance, 20% off balance over \$130
Standard Lenses	

Standard Lenses		
Single vision	\$25 copay	Up to \$25
Bifocal	\$25 copay	Up to \$40
Trifocal	\$25 copay	Up to \$55
Lenticular	\$25 copay	Up to \$55
Standard progressive lens	\$75 copay	Up to \$40
Premium progressive lens	See table on page 2.	Up to \$40
Lens Options		
Tint (solid and gradient)	\$15	N/A
Scratch resistant coating	\$0	Up to \$5
Polycarbonate lenses	\$0 kids; \$40 adults	Up to \$5 kids
Ultraviolet coating	\$15	N/A
Anti-reflective coating	See table on page 2.	N/A
High index lenses	20% off retail	N/A
Polarized lenses	20% off retail	N/A
Photochromic/transitions plastic	\$75	N/A
Contact Lenses (in lieu of spectacle	e lenses)	
Conventional	\$0 copay, \$130 allowance, 15% off balance over \$130	Up to \$104
Disposable	\$0 copay, \$130 allowance, plus balance over \$130	Up to \$104
Medically necessary	\$0 copay, paid-in-full	Up to \$210
Other		
Laser vision correction	15% retail price or 5% off promotional price	N/A
	40% off purchase of complete pair of eyeglasses	
Additional pairs benefit	and a 15% off conventional contact lenses once the funded benefit has been used	N/A
	40% off hearing exams and low price	
Amplifon hearing discount	guarantee on discounted hearing aids	N/A
Additional discounts	20% off non-covered items with limitations	N/A
Monthly Premium		
Employee	\$6.20	
Employee + spouse	\$11.80	
Employee + child(ren)	\$12.44	
Employee + family	\$18.28	

Eligibility: All active full-time employees as defined by your employer. Dependent coverage is available to age 26.



### BlueCross BlueShield of Texas

Insurance products issued by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148.



Additional discounts

40% Complete pair of prescription eyeglasses

20% Non-prescription sunglasses

> 20% Remaining balance beyond plan coverage

These discounts are not insured benefits and are for in-network providers only.

### Take a sneak peek before enrolling

- For a complete list of in-network providers near you, visit eyemedvisioncare.com/bcbstxvis or call 855-556-8796.
- For LASIK providers, call 877-5LASER6.



#### Summary of Benefits Continued

Progressive Price List <sup>1</sup>	Member Cost In-Network		
Standard progressive	\$75 copay		
Premium progre	ssives <sup>2</sup> as follows:		
Tier 1	<b>\$95</b> copay		
Tier 2	\$105 copay		
Tier 3	\$120 copay		
Tier 4	\$75 copay 80% of charge less \$120 allowance		
Anti-Reflective Coating Price List	Member Cost In-Network		
Standard anti-reflective coating	\$45		
Premium anti-reflectiv	/e <sup>2</sup> coatings as follows:		
Tier 1	\$57		
Tier 2	\$68		
Tier 3	80% of charge		
Other Add-ons Price List	Member Cost In-Network		
Photochromic	\$75		
Polarized	80% of charge		

#### Plan Exclusions

- Orthoptic or vision training, subnormal vision aids and any associated supplemental testing; aniseikonic lenses
- 2. Medical and/or surgical treatment of the eye, eyes or supporting structures
- Any eye or vision examination, or any corrective eyewear required by a policyholder as a condition of employment; safety eyewear
- Services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof
- 5. Plano (non-prescription) lenses and/or contact lenses
- 6. Non-prescription sunglasses
- 7. Two pair of glasses in lieu of bifocals
- Services rendered after the date an insured person ceases to be covered under the policy, except when vision materials ordered before coverage ended are delivered, and the services rendered to the insured person are within 31 days from the date of such order
- 9. Services or materials provided by any other group benefit plan providing vision care
- Lost or broken lenses, frames, glasses or contact lenses will not be replaced except in the next benefit frequency when vision materials would next become available



INDEPENDENT PROVIDER NETWORK



OPTICAL

<sup>1</sup>Member Reimbursement Out-of-Network will be the lesser of the listed amount or the member's actual cost from the out-of-network provider. In certain states, members may be required to pay the full retail rate. <sup>2</sup>Blue Cross Blue Shield of Texas Vision Care reserves the right to make changes to the products on each tier and the member out-of-pocket costs. Fixed pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels. <sup>3</sup>Premium progressives and premium anti-reflective designations are subject to annual review by EyeMed's Medical Director and are subject to change based on market conditions. Fixed pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels. Not available in all states. Some provisions, benefits, exclusions or limitations listed herein may vary.

For employee use. This piece is for illustrative purposes only and is not a contract. It is intended to provide only a brief summary of the type of policy and insurance coverage advertised. The policy provides the actual terms of coverage, including any exclusions, conditions and limitations to coverage.

All plans are based on a 48-month contract term and 48-month rate guarantee. Premium is subject to adjustment even during a rate guarantee period in the event of any of the following events: changes in benefits, employee contributions, the number of eligible employees, or the imposition of any new taxes, fees or assessments by Federal or State regulatory agencies. Benefits may not be combined with any discount, promotional offering or other group benefit plans. Benefit allowance provides no remaining balance for future use with the same benefits year. Fees charged for a non-insured benefit must be paid in full to the Provider. Such fees or materials are not covered. This is a snapshot of your benefits. The Certificate of Irsurance is on file with your employer.

Benefits are available from the EyeMed Vision Care, LLC provider network and are administered by First American Administrators, Inc., independent companies that offer benefits on behalf of Blue Cross and Blue Shield of Texas. Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association. Insurance products issued by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148. Dearborn Life Insurance Company is an independent licensee of Blue Cross and Blue Shield Association. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.



# Need Retail Options?

What we love most about our retail providers is that most offer evening and weekend hours for extended service for members. People are busy—we get it! That's why we provide vision benefits that are easy to use, flexible and convenient. We have the right mix of independent providers, plus the most desired national and regional retail providers, ensuring your employees have the choice and convenience they expect:











#### Want more? Check out the participating SELECT retailers below\*:

Abba Eye Care All About Eyes America's Best Bard Optical Boscov's Optical C&B Optical One Clarkson Eyecare Cohen's Fashion Optical Crown Optical Devlyn Optical Doctor's Vision Center Dr. Tavel Family Eye Care Drs. May & Hettler Eye Assoc. of New Mexico Eye Boutique Eyecarecenter OD PA Eyeglass World Eye Mart Optical Outlet FirstSight Vision Services For Eyes Optical Gulf Coast Optometry Heartland Vision Henry Ford OptimEyes Herslof Opticians ILORI Marion Eyecenters & Optical Meijer Optical Midwest Eye Consultants Midwest Vision Centers MyEyeDr. National Vision Nationwide Vision Center Northeastern Eye Institute Oakley Store Optical Shop of Aspen Optical Shoppe in Fred Meyer OPTYX Ossip Optometry Rx Optical Schaeffer Eye Center SEE, Inc. Shopko Eye Care Center

Site for Sore Eyes Southwestern Eye Center Sterling Optical SVS Vision Texas State Optical Thoma & Sutton Today's Vision Union Eye Care US Vision Vision World Vogue Vision Centers Wing Eyecare Wisconsin Vision

Retail providers are conveniently located in or near major shopping centers and offer longer hours on nights and weekends. Many even have on-site labs so members can get their glasses in about an hour or during the same day. But there are a couple more things you should know about retailers. Unlike competitors, we define retail providers as practices with 20 or more locations. And with Blue Cross and Blue Shield of Texas vision benefits, what you see is what you get! All participating retail providers are considered in-network.

Members may locate a provider using the provider locator function on our website at **eyemedvisioncare.com/bcbstxvis** or by calling 855-556-8796.

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# Got questions about your vision plan? We Can Help!

### Your Questions Answered

### Q: My eyes are fine. Do I really need to have them checked regularly?

- A: Yes, regular eye exams are the way to go. It's not just about correcting your vision—it's about overall health. Eye exams can spot health conditions—like glaucoma, diabetes, cataracts and hypertension—early. The sooner these issues are spotted, the sooner you can get treatment.
- Q: Will I save more money with this vision care benefit, or with an eyewear coupon or other promotional offer?
- A: Great question! There are lots of special offers and coupons out there. When you compare them to your plan coverage, you'll likely find that your vision plan saves you more money in almost every case. A nice bonus is that you can use your vision benefit whenever you need to. Say goodbye to coupon expiration dates and limited time offers.

Keep in mind that your benefit can't be combined with any other discounts or promotional offers. Naturally, you're responsible for copays, any remaining outof-pocket expenses and applicable sales tax.

#### Q: Can I get new contacts and glasses in the same year?

A: Every 12 months, you can get either contacts or spectacle lenses. Check your plan's benefits summary for additional frequencies, such as updating your look with new frames every 24 months.

#### Q: Do I need to have my ID card with me to use my benefits?

A: Nope. An in-network provider only needs your name and date of birth.

#### Q: How do I get another member ID card?

A: If your member ID card gets lost, no worries! You don't even need one to receive service. But if you want an additional card, you can access one and print it through our website eyemedvisioncare.com/bcbstxvis.

#### Q: What's included in a covered exam? Is dilation an extra cost?

A: No worries, we've got you covered. Eye exams at participating providers include dilation and other important eye health tests. There are no added out-of-pocket costs (other than a copay, if applicable).

#### Q: How does the standard lens benefit work?

A: It's simple. We give you a standard plastic lens—either single vision or lined multifocal—as part of the covered benefit. You're only responsible for a copay, if applicable, and taxes.

Insurance products issued by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148.



#### How do I get in touch with the Customer Care Center?

It's easy! You can talk to a representative—a real person—by calling 855-556-8796. Also, you'll find automated features online at eyemedvisioncare.com/bcbstxvis or through our automated voice response system.

#### Hours of live operation:

Monday – Saturday 6:30 a.m. to 10:00 p.m. CST Sunday 10:00 a.m. to 7:00 p.m. CST



#### Are additional discounts available? Yes, indeed! You can enjoy these additional savings:

- 40% off additional complete pairs of prescription glasses
- 20% off any remaining frame balance
- 20% off non-covered items, including non-prescription sunglasses, accessories and lens cleaner
- **15% off** any remaining conventional contact lens balance
- **15% off** the standard price or 5% off promotional price of LASIK or PRK services

#### Q: What about "add-ons" to the standard lenses?

A: Want UV and scratch protection? Or any anti-reflective coatings? Good news! Most of these common "add-ons" are discounted at Blue Cross and Blue Shield of Texas (BCBSTX) vision care providers. Check with your provider before ordering for details.

#### Q: Can I receive no-line bifocals as part of the lens benefit?

A: Absolutely. Set pricing on standard progressive (no-line) lenses are available. Also, some plans offer set pricing on premium progressive lenses based on the lens brand.

#### Q: Does my allowance amount only apply to certain frames?

A: No, you're free to apply your allowance toward the retail price of ANY frame at any in-network location. You also have a 20% discount on the difference between the retail price and your allowance amount.

#### Q: How does the contact lens benefit work?

A: Just like the frame allowance, the contact allowance is applied to the retail price of any contact lens. No fussy formularies to worry about! Also, you can apply a 15% discount to the difference between the retail price and the allowance amount for non-disposable contacts.

#### Q: What is a contact fitting?

A: After buying contacts, a provider may ask you to check back in—just to make sure they're perfect for you. They will assess your eyes and ensure that the new contacts are a great fit.

#### Q: Can I carry over an unused allowance amount to another purchase?

A: Sorry, the contact allowance amount is a one-time allowance. It's best to use the full benefit on your initial purchase of contacts.

#### Q: Do I need to pay the full retail price for non-covered items?

A: You have a 20% discount to buy items not covered by the plan at network providers. This discount applies to everything except professional services and contact lenses.

# Q: Do I need to submit claims for services rendered at an in-network provider?

A: Not at all. If you visit a BCBSTX participating provider, you don't need to worry about filling out forms or vouchers to get your benefits. After collecting the appropriate copays and other out-of-pocket expenses at the time of service, the provider submits the claim on your behalf.

#### Q: Do members have to go to a participating provider?

A: No restrictions here. You have the freedom to choose non-participating providers. But please keep in mind that you can make the most of your benefit—and save money—by choosing an in-network provider. We make it convenient and easy to find one, which is why 98% of our members visit in-network providers. Use our Provider Locator on eyemedvisioncare.com/ bcbstxvis to find providers near you! At non-participating providers, you must pay full out-of-pocket pricing at the time of service. Then you can submit a claim for reimbursement of covered services.



For overall wellness don't forget your annual eye exam

### Q: Who qualifies for "medically necessary" contact lenses?

- A: Members who are diagnosed with any of the following:
  - Anisometropia of 3D in meridian powers.
  - High Ametropia exceeding 10D or +10D in meridian powers.
  - Keratoconus when the member's vision is not correctable to 20/25 in either or both eyes using standard spectacle lenses.
  - Vision improvement other than keratoconus for members whose vision can be corrected by two lines on the visual acuity chart when compared to the best corrected standardspectacle lenses.

Seem confusing? Our award-winning service center is always available to answer tough questions.

- Q: Does your provider network include both independent and optical retailers?
- A: Yes. Members can choose from thousands of private practitioners and the nation's leading optical retailers: LensCrafters®, Target Optical® and most Pearle Vision® locations. And if your favorite provider isn't in our network yet, you can nominate it. Just complete a Provider Nomination Form available through our Customer Care Center. The provider must accept and agree to the Terms and Conditions of our Professional Provider Agreement and complete the credentialing process to ensure they meet our quality standards.

#### Q: Do you offer a discount on laser vision correction?

A: You bet we do. Members get 5% off any promotion or 15% off the retail price for treatments performed through the U.S. Laser Network, which is owned and administered by LCA-Vision.

#### Q: How do I access the laser vision discount?

A: Follow these simple steps to get the ball rolling:

- 1. First, pick which laser correction provider you'd like to use. Call the U.S. Laser Network at 877-5LASER6 for a complete list.
- 2. Next, set up a consultation with the provider. When making the appointment, be sure to tell them you're a Blue Cross and Blue Shield of Texas member.
- The consultation is next. That's when you and your provider will decide whether or not you're a good candidate for the procedure. Be sure to bring questions.
- 4. Going ahead with laser correction? Great! Call the U.S. Laser Network to request an authorization for your discount. At this time, you'll also need to put down a refundable deposit. The authorization will be sent to you and the laser provider.
- 5. All that's left is scheduling your procedure. After surgery, be sure to follow all post-operative instructions carefully. Then treat your new eyes to a beautiful view.

For emloyee use. For illustrative purposes only. May not be available in all jurisdictions. Coverage may be subject to limitations, exclusions and other coverage conditions contained in the issued policy. Please consult the policy for the actual terms of coverage.

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# Vision Benefit Information and Resources

#### Finding a provider and scheduling an appointment is AS EASY AS...

At Blue Cross and Blue Shield of Texas, we've made it easier than ever to access your vision benefit information and schedule your annual eye exam. Everything you need is available through our member portal.



#### Register and log in to the member portal at eyemedvisioncare.com/bcbstxvis.

#### Review your vision benefit information.<sup>1</sup>

Our member portal gives you access to benefit details, claims, provider locations and more. And since many providers offer extended evening and weekend hours, you can get care when it works for you.



#### 3. Find a provider near you:

Log in to evemedvisioncare.com/bcbstxvis, and then select "Click here to find a provider." Enter your zip code to be connected with eye health experts near you.

Still have questions?

Feel free to contact our award-winning<sup>2</sup> Customer Care Center at 855-556-8796. You can also learn more by visiting eyemedvisioncare.com/bcbstxvis.

All in-network providers can look up eligible members in the EyeMed system with a name and date of birth to verify benefits. ID cards are not required for eligible members to use their vision benefits.



Blue Cross and Blue Shield of Texas Vision Care ID Cards

- You will receive a one-time welcome packet, containing two ID cards and a member brochure.
- You do not need ID cards to receive services
- Mailed ID cards will only have the employee's name listed (but any covered family member may use the card).
- Additional ID cards can be downloaded or printed by registering at eyemedvisioncare.com/bcbstxvis or by using the EyeMed App.











<sup>1</sup>Actual benefits and frequencies vary by plan.

<sup>2</sup>Purdue University Benchmark Portal independent assessment of call centers nationwide.

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# There's More in Store Online

In-Network. Online. Outstanding

Eyesight changes. How you buy eyewear is changing, too. That's why you can shop for eyewear at neighborhood retailers, your favorite eye doctor-or simply go online. With Blue Cross and Blue Shield of Texas vision benefits, you can buy without boundaries.

Shop and buy frames, contacts and sunglasses just like you would in the store-but from your computer, smartphone or tablet. It's fast, it's easy and it's all built into your vision benefits.

#### **Convenient Online Shopping**

- Choose from hundreds of brand-name frames and contacts
- Instantly apply your in-network benefits at checkout
- Enjoy free shipping and returns

LensCrafters <b>V</b> ö	lenscrafters.com
O OPTICAL	targetoptical.com
Ray-Bani	ray-ban.com/insurance
	glasses.com
<b>contacts</b> direct	contactsdirect.com

#### Don't have a current prescription?

Our provider locator on evemedvisioncare.com/bcbstxvis will help you find the right place for an eye exam.

#### Get a clear view.

Visit eyemedvisioncare.com/bcbstxvis to learn more.









OPTICAL

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# Innovative Answers for Smart Shoppers



# Mobilize Your Vision Plan

#### Vision Benefit App, Powered by EyeMed

The EyeMed member app was the first of its kind. But innovation—like your life—never stops. Your vision benefit is powered by EyeMed, which means you are able to download the EyeMed member app to access ahead-of-the-game resources wherever you are—before, during and after your eye appointment.

#### Here's How to Access the EyeMed Member App



1. DOWNLOAD Search "EyeMed Members" in your App store, iTunes or Google Play.



2. OPEN You can use some features right away; others unlock once you register.



3. REGISTER You'll need your member ID or the last four digits of your Social Security number.

	Ready when you download	Unlocked when you register
Find nearby network providers	র্ত্র	
On-the-fly appointment scheduling	র্ত্র	
Turn-by-turn directions and map	র্ত্র	
Eye exam and contact lens reminders		ত
Electronic ID card for office visits		Q
Save vision prescriptions		র্ত্র
Benefit plan details		ব
Answers to common questions	র্ত্র	
Direct line to member support	র্থ	

-



4. LOG IN

It's that easy!

Download the EyeMed member app now and register to access your vision benefit information on the go!





PROVIDER NETWORK

LensCrafters<sup>.</sup>





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# For overall wellness, don't overlook your annual EYE EXAM.

Healthy vision is one of the greatest gifts we have. That's why Blue Cross and Blue Shield of Texas brings you vision benefits that deliver more.

Eye exams play an important role in your overall wellness, and you should get one every year for optimal vision health. Besides measuring your vision, regular eye exams can help identify early signs of certain chronic health conditions, including high blood pressure, diabetes, heart disease and high cholesterol.' Annual eye exams enable your doctor to monitor the health of your eyes and track changes that can occur from year to year.

#### Vision insights

Individuals at every age can benefit from regular eye care:

- Babies and toddlers: The American Optometric Association recommends babies receive their first eye exam between the ages of 6 and 12 months.<sup>2</sup>
- School-age children: Up to 25% of school-age children may have vision problems that can affect learning.<sup>3</sup>
- Adults: Approximately 202.6 million adults in the United States alone need vision correction.<sup>3</sup>

• Seniors: Serious eye conditions such as glaucoma and cataracts are most prevalent in individuals over the age of 60.4

Regular exams are a simple, noninvasive tool to help identify early signs of serious and chronic health conditions. And because early detection is key for treatment, regular eye examinations play a vital role in a healthy life and in helping you see life to the fullest.

For benefit questions, contact the Customer Care Center by calling **855-556-8796**. Hours of live operation are Monday through Saturday from 6:30 a.m. to 10 p.m. CST and Sunday from 10 a.m. to 7 p.m. CST.

<sup>147</sup> Health Problems Eye Exams Can Detect," YourSightMatters.com, Accessed May 29, 2019. <sup>2</sup>Think About Your Eyes, "Eye Exams for Children," Accessed July 3, 2019. <sup>3</sup>All About Vision, "Vision Problems of School-Age Children," Accessed July 3, 2019. <sup>4</sup>American Optometric Association, "Adult Vision: Over 60 Years of Age," Accessed July 3, 2019.

Insurance products issued by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148.



There is so much to see.

# Give your eyes a front row seat.

#### How do I use my vision benefit? To access your vision benefit:

- 1. Locate an in-network provider of your choice by calling the Customer Care Center or visiting the provider locator on our website.
- 2. Schedule an appointment. Many of our providers also offer walk-in appointments, in which case an appointment is not necessary.
- 3. When you arrive, identify yourself as a Blue Cross and Blue Shield of Texas vision benefits member or present your ID card to receive services.
- 4. Your in-network provider will take care of the rest—making it a breeze.

#### Can I schedule an appointment online?

**Yes!** Many providers have the option to schedule appointments online. The appointment scheduling tool is accessed through the vision benefits provider locator. Just go to eyemedvisioncare.com/bcbstxvis, enter your ZIP code, find a provider and click the "Schedule an Eye Exam Online" link.

It's that simple.

# Will I be able to choose any eyewear product available at a Blue Cross and Blue Shield of Texas provider location?

**Yes!** With Blue Cross and Blue Shield of Texas vision benefits, you can apply your benefit toward any available frame or brand of contact lenses that fit your vision needs and lifestyle. Because we know you not only want to see better—you want to feel and look good, too.

# Can I purchase two pair of eyeglasses and/or eyeglasses and contact lenses in the same benefit period?

**Yes!** You are eligible for additional discounts once the benefit has been used. We offer the largest additional pair discount in the industry (40%), which can be used at any network location at any time throughout the plan year.

# Does Blue Cross and Blue Shield of Texas offer additional discounts beyond the benefit plan?

Yes! You will have the following additional savings with a funded vision benefit:

- 40% off additional complete pairs of glasses
- 20% off any remaining frame balance
- 15% off any remaining conventional contact lens balance
- 20% off non-covered items, including non-prescription sunglasses, accessories and lens cleaner
- 15% off the standard price or 5% off any promotional price of LASIK or PRK services











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**TAC HEBP Vision Partner** 



TENAS ASSOCIATION of COUNTRS HEATTH AND EMPLOYED BENTLES POOL

#### ABOUT BLUE CROSS AND BLUE SHIELD VISION

# Vision Care





LENSCRAFTERS



## O OPTICAL

#### AMERICA'S LARGEST VISION NETWORK

Employees will have access to 96,000 providers including 54,000 independent providers. Plus, members can visit top retail providers such as LensCrafters®, Pearle Vision<sup>SM</sup> and Target Optical<sup>SM</sup>. Extra savings are available for members on additional complete pairs of eyeglasses, non-prescription sunglasses and laser vision correction.

#### A MORE CONVENIENT EXPERIENCE

Our member portal gives employees access to benefit details, claims, provider locations and more. Many providers offer extended evening and weekend hours so employees can get care when it works for them. Vision benefits should enhance life, not complicate it. That's why Blue Cross and Blue Shield of Texas

brings you vision benefits

that deliver more.

#### MOBILIZE YOUR VISION PLAN

The EyeMed member app was the first of its kind. But innovation – like your life – never stops. Your vision benefit is powered by EyeMed, which means employees are able to download the EyeMed member app to access ahead-of-the-game resources wherever they are – before, during and after their eye appointment.





### 2021 - 2022 Vision Plan Elections

#### Montague County

Please complete each section confirming your county or district is offering the Voluntary Vision beneft plan, and complete the contribution schedule according to your group's funding levels. This is a voluntary benefit so there is no requirement for the employer to fund any amount toward the coverage. Fax to 1-512-481-8481 or email to your TAC HEBP Employee Benefits Specialist.

Tier	Monthly Rates*	Amount Employer Pays	Amount Employee Pays
Employee Only	\$ 6.20	\$ 6.20	\$
Employee + Child(ren)	\$ 12.44	\$ 6.20	\$ 10.24
Employee + Spouse	\$ 11.80	\$ (0.20	\$ 5.60
Employee + Family	\$ 18.28	\$ (20	\$ 12.08

Your payroll deductions for vision benefits are: (check one)

Pre Tax

Post Tax

\* Note: Rates shown do not include a broker commission.

Please have your county or district's authorized Contracting Authority as listed on your TAC HEBP Renewal Notice and Benefit Confirmation (RNBC) sign below to indicate that the TAC HEBP Voluntary Vision benefit plan will be offered to your employees beginning on your upcoming health plan anniversary date.

Signature KEVIN L BENTON, COUNTY JUNG Name/Title June 14, 2021 Date

Date

2021 - 2022 Voluntary Vision Plan election form