BLUE CROSS AND BLUE SHIELD VISION | TAC HEBP PARTNER

Vision Care

EyeMed | INDEPENDENT PROVIDER NETWORK + LENSCRAFTERS PEARLE VISION TARGET 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℠ and most large retailer vision centers. 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 can download the EyeMed member app to access ahead-of-the-game resources wherever they are – before, during and after their eye appointment.

BlueCross BlueShield of Texas

2023- 2024 Vision Plan Election

BURNET COUNTY

Effective Date: 10/1/2023

Please complete each section confirming your county or district is offering a vision plan for the upcoming plan year and complete the contribution schedule according to your group's funding levels. Email the completed election form to your Employee Benefits Specialist or fax to (512) 481-8481, no later than 30 days prior to the effective date. Email or call your Employee Benefit Specialist at 1-800-456-5974 with any questions.

VISION PLAN (Select One)		
☐Vision Premium Plan **Frequency:** 12/12/12 **Examination:** 1 every 12 months **Lenses or Contact Lenses:** 1 every 12 months **Frames:** 1 every 12 months, $0 Copay, $180 Allowance, 20% off balance over $180 **Lenses**: $10 Copay **Exam with Dilation:** $0 Copay	☐Vision Value Plan **Frequency:** 12/12/24 **Examination:** 1 every 12 months **Lenses or Contact Lenses:** 1 every 12 months **Frames:** 1 every 24 months, $0 Copay, $130 Allowance, 20% off balance over $130 **Lenses**: $15 Copay **Exam with Dilation:** $10 Copay	☐Vision Base Plan **Frequency:** 12/12/24 **Examination:** 1 every 12 months **Lenses or Contact Lenses:** 1 every 12 months **Frames:** 1 every 24 months, $0 Copay, $100 Allowance, 20% off balance over $100 **Lenses**: $25 Copay **Exam with Dilation:** $10 Copay

Your payroll deductions for vision benefits are:	☐Pre-Tax ☐Post-Tax	
Are retirees allowed on the vision plan?	☐Yes ☐No If yes, ☐Pre-65 ☐Post-65	
Does your group have a broker or consultant?	Broker: ☐Yes ☐No | Consultant: ☐Yes ☐No	
Broker/consultant's name, if applicable:		Broker Commission:

Tier	Monthly Rates*	Amount Employer Pays	Amount Employee Pays	Amount Retiree Pays
Employee Only		$	$	$
Employee + Child(ren)		$	$	$
Employee + Spouse		$	$	$
Employee + Family		$	$	$

*Note: Rates shown do not include a broker commission unless specified above.

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 Vision benefit plan will be offered to your employees beginning on your upcoming health plan anniversary date.

_____ _____

Signature (County Judge or Contracting Authority) Print Name and Title

Date: _____

Summary of Vision Benefits

Texas Association of Counties

VOLUNTARY VISION – PREMIUM PLAN

INSIGHT NETWORK

Frequency		
Examination	Once every 12 months	
Lenses or contact lenses	Once every 12 months	
Frame	Once every 12 months	
Contact lens eval/fitting	N/A	
Vision Care Services	**In-Network Member Cost**	**Out-of-Network Reimbursement***
Exam with dilation as necessary	$0 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, $180 allowance, 20% off balance over $180	Up to $65
Standard Lenses		
Single vision	$10 copay	Up to $25
Bifocal	$10 copay	Up to $40
Trifocal	$10 copay	Up to $55
Lenticular	$10 copay	Up to $55
Standard progressive lens	$65 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 lenses)		
Conventional	$0 copay, $180 allowance, 15% off balance over $180	Up to $104
Disposable	$0 copay, $180 allowance, plus balance over $180	Up to $104
Medically necessary	$0 copay, paid-in-full	Up to $210
Other		
Laser vision correction	15% off retail price or 5% off promotional price	N/A
Additional pairs benefit	40% off purchase of complete pair of eyeglasses and a 15% off conventional contact lenses once the funded benefit has been used	N/A
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	$7.86	
Employee + spouse	$14.98	
Employee + child(ren)	$15.78	
Employee + family	$23.22	

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

Additional discounts

40% OFF
Complete pair of prescription eyeglasses

20% OFF
Non-prescription sunglasses

20% OFF
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 1.855.556.8796.
- For LASIK providers, call 1877 5LASER6.

BlueCross BlueShield of Texas

Texas Association of Counties

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

Summary of Benefits Continued

Progressive Price List[1]	Member Cost In-Network
Standard progressive	$65 copay
Premium progressives[2] as follows:	
Tier 1	$85 copay
Tier 2	$95 copay
Tier 3	$110 copay
Tier 4	$65 copay 80% of charge less $120 allowance

Anti-Reflective Coating Price List[1]	Member Cost In-Network
Standard anti-reflective coating	$45
Premium anti-reflective[2] 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
3. Any eye or vision examination, or any corrective eyewear required by a policyholder as a condition of employment; safety eyewear
4. 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
8. 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
10. 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

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[1]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. [2]Blue Cross and 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. [3]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.

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.

Vision Insurance offered by Dearborn Life Insurance Company located at 701 E. 22nd Street, Lombard, IL 60148. Blue Cross and Blue Shield of Texas, an Independent Licensee of the Blue Cross and Blue Shield Association. EyeMed Vision Care, LLC and First American Administrators, Inc. are independent companies that offer provider network and administration services on behalf of Dearborn Life Insurance Company. 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.