



CITY OF TYLER



Voluntary Dual Option - Vision Care Plan Benefit Illustration

Gold \$150 FULL SERVICE with Lasik

\$10 Exam \$25 Eyewear Copayments

Gold \$100 FULL SERVICE with Lasik

\$10 Exam \$25 Eyewear Copayments

<u>Service/Material</u>	<u>In-Network Provider</u>	<u>Out-of-Network Provider</u>
Vision Examination	Paid in Full*	Up to: \$35.00 Retail Value*
Frame	Up to \$150.00 Retail*	Up to: \$70.00 Retail Value*
Lenses (Clear, Standard, Glass or Plastic)		
Single Vision (Pair)	Paid in Full*	Up to: \$25.00 Retail Value*
Bifocal (Pair)	Paid in Full*	Up to: \$40.00 Retail Value*
Trifocal (Pair)**	Paid in Full*	Up to: \$45.00 Retail Value*
Lenticular	Paid in Full*	Up to: \$80.00 Retail Value*
Contact Lenses***		
Elective	Up to \$150.00 Retail*	Up to \$80.00 Retail*
Medically Required	Paid in Full*	Up to \$150.00 Retail*

<u>Service/Material</u>	<u>In-Network Provider</u>	<u>Out-of-Network Provider</u>
Vision Examination	Paid in Full*	Up to: \$35.00 Retail Value*
Frame	Up to \$100.00 Retail*	Up to: \$55.00 Retail Value*
Lenses (Clear, Standard, Glass or Plastic)		
Single Vision (Pair)	Paid in Full*	Up to: \$25.00 Retail Value*
Bifocal (Pair)	Paid in Full*	Up to: \$40.00 Retail Value*
Trifocal (Pair)**	Paid in Full*	Up to: \$45.00 Retail Value*
Lenticular	Paid in Full*	Up to: \$80.00 Retail Value*
Contact Lenses***		
Elective	Up to \$125.00 Retail*	Up to \$65.00 Retail*
Medically Required	Paid in Full*	Up to \$150.00 Retail*

Laser Vision Correction: \$200.00 allowance (in or out of network)- in lieu of the eyewear benefit, subject to routine regulatory filings and certain exclusions and limitations)

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*After applicable copayments listed above are fulfilled.

** Member pays difference in retail price between standard trifocal lenses and progressive lenses.

*** Contact lenses and related professional services (fitting, evaluation and follow-up) are covered in lieu of eyeglasses. Coverage to include all contact lens types (ie. standard daily wear, extended wear, disposable, toric, gas permeable, and bifocal).

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Frequency:

Vision Examination	Once every 12 Months
Frame	Once every 24 Months
Lenses	Once every 12 Months
Contact Lenses	Once every 12 Months

Rates:

	<u>Monthly</u>
Employee	\$ 6.15
Employee + Spouse	\$10.50
Employee + Child(ren)	\$11.15
Family	\$16.70

Frequency:

Vision Examination	Once every 12 Months
Frame	Once every 24 Months
Lenses	Once every 12 Months
Contact Lenses	Once every 12 Months

Rates:

	<u>Monthly</u>
Employee	\$ 5.50
Employee + Spouse	\$ 9.30
Employee + Child(ren)	\$ 9.90
Family	\$14.80

FOR MORE INFORMATION PLEASE CONTACT US TOLL-FREE AT (866) 265-0517

Non-Covered Eyewear Discount: Members may also receive a discount of up to 20% from an in-network providers' usual and customary fees for eyewear purchases which exceed the benefit coverage (except disposable contact lenses, for which no discount applies). This includes eyeglass frames which exceed the benefit coverage, specialty lenses (i.e., progressives) and lens "extras" such as tints and coatings. Eyewear purchased from a Wal-Mart Vision Center does not qualify for this additional discount because of WalMart's "Always Low Prices" policy.



Questions and Answers with Block Vision

What plan options are available?

-Full Service Gold 150 Plan with Lasik includes a routine/basic vision examination yearly with the benefit period measured from date of service and eyewear benefit including coverage for lenses or contacts once every 12 months with the benefit period measured from date of service and up to a \$150 retail frame allowance every 24 months.

-Full Service Gold 100 Plan with Lasik includes a routine/basic vision examination yearly with the benefit period measured from date of service and eyewear benefit including coverage for lenses or contacts once every 12 months with the benefit period measured from date of service and up to a \$100 retail frame allowance every 24 months. **Note: Dual Option Approach - Each Employee may choose the vision plan that best fits their vision care needs.**

How do I enroll in this plan?

You must complete the Block Vision of Texas enrollment form and mark your coverage selection (i.e. employee, employee/spouse, employee/child(ren) or family). If you select employee/spouse, employee/child(ren) or family, please include all the information required for covered dependents including social security numbers and birth dates. Also select your plan type (Gold 150 or Gold 100).

How do I use this plan?

Choose a provider from the In-Network Provider Directory. Present your ID card at the time of service. **EXCEPT FOR ANY APPLICABLE COPAYMENT, DO NOT PAY YOUR IN-NETWORK PROVIDER FOR SERVICES OR EYEWEAR COVERED BY YOUR BLOCK VISION BENEFIT.**

Can I use an Out-of-Network Provider?

Yes, if you choose an Out-of-Network provider, you will be expected to pay the provider for services received. You will then need to send the original itemized receipt from your Out-of-Network provider to Block Vision of Texas for reimbursement. Please fax your itemized receipt to (888) 288-6930 Attn: Claims Department or mail your itemized receipt to Block Vision, P.O. Box 14035, Milwaukee, WI 53214.

Are Contact Lenses a covered Benefit?

Yes, Contact lenses and related professional services with a retail value of up to \$150 for the Gold 150 Plan and \$125 for the Gold 100 Plan are covered in lieu of eyeglasses. Coverage includes the complete contact lens package. (Contact lenses and related professional services specific to contact lens fitting, evaluation and follow-up). Members receive a \$150 retail allowance for the Gold 150 Plan and a \$125 retail allowance for the Gold 100 Plan toward the purchase of contact lenses.

Am I able to obtain eyeglasses and contact lenses in the same year?

No. Block Vision of Texas' plan provides coverage for eyeglasses or contact lenses, but not both, within the stated benefit period.

What is the difference between an Optometrist and Ophthalmologist?

Both are known as eye doctors and both perform eye examinations. An Optometrist is an eye specialist. An Ophthalmologist is an "eye surgeon." Some of our In-Network Optometrists are now licensed to treat eye infections, prescribe medication and remove foreign bodies.

How will the Block Vision provider determine what I am eligible to receive?

Employees electing single coverage will receive one ID card. Employees electing employee/spouse, employee/child(ren) or family coverage will be issued two ID cards. The Block Vision ID card enables the Block Vision provider to access Block Vision's computer system to determine what you are eligible to receive. Please be aware that your eligibility with Block Vision is calculated on a date of service- to date of service method (Benefit Service Period), not calendar year basis. For example, if you are entitled to an exam once a every twelve months and receive your first exam on 03-01-14, you will become eligible again for a new exam on 03-01-15.

If I wear disposable contact lenses, must I use my entire benefit at one time?

No, you may continue to make use of the remaining amount of your contact lens benefit during the benefit frequency stated in your plan. For example, if you need disposable lenses once every three months, then that is the way you obtain your lenses in the Block Vision of Texas plan until such time as your benefit maximum has been reached. Any remaining benefit values at the end of the benefit period are not carried over to the next benefit year.

What type of eyeglass lenses am I eligible for? What about Progressive Lenses? Tints?

All Block Vision's plans cover clear, standard glass or plastic lenses, with single vision, bifocal or trifocal prescriptions. You may choose to upgrade your lenses by paying the difference over and above the standard lens price. For example, if you want to add an anti-reflective coating on your lenses, the plan will pay for the standard lens and you are responsible for the cost of the anti-reflective coating. If you would like progressive lenses, your benefit will pay for the standard trifocal lenses and you will pay any amount over and above the standard trifocal price. Tinting, coating and any other "additions" to your lenses other than Polycarbonate are added at your own expense. Block Vision of Texas will pay for the clear, standard glass of plastic lenses with single vision, bifocal or trifocal prescriptions.

What if I have other questions?

You may call Block Vision's offices toll-free at 866-265-0517, Monday through Friday 8:00 AM to 5:00 PM, with any questions you may have. We offer members the convenience of obtaining important plan information (including provider selection assistance) on a 24/7 basis through our website and toll-free interactive Voice Response telephone system.