

Vision Benefit Summary
Group Number: 00493644

About Your Benefits:

Eye care is a vital component of a healthy lifestyle. With vision insurance, having regular exams and purchasing contacts or glasses is simple and affordable. The coverage is inexpensive, yet the benefits can be significant! Guardian provides rich, flexible plans that allow you to safeguard your health while saving you money. Review your plan options and see why vision insurance may be a great benefit for you.

Visit any doctor with your **Full Feature** plan, but save by visiting any of the 50,000+ locations in the nation's largest vision network.

Your Vision Plan	Full Feature	
Your Network is	VSP Choice Network	
Your Bi-weekly premium	\$ 5.05	
You and spouse/domestic partner	\$ 8.50	
You and child(ren)	\$ 8.67	
You, spouse/domestic partner and child(ren)	\$ 13.72	
Copay		
Exams Copay	\$ 10	
Materials Copay (<i>waived for elective contact lenses</i>)	\$ 25	
Sample of Covered Services	<i>You pay (after copay if applicable):</i>	
	<i>In-network</i>	<i>Out-of-network</i>
Eye Exams	\$0	Amount over \$39
Single Vision Lenses	\$0	Amount over \$23
Lined Bifocal Lenses	\$0	Amount over \$37
Lined Trifocal Lenses	\$0	Amount over \$49
Lenticular Lenses	\$0	Amount over \$64
Frames	80% of amount over \$130 ¹	Amount over \$46
Contact Lenses (<i>Elective</i>)	Amount over \$130	Amount over \$100
Contact Lenses (<i>Medically Necessary</i>)	\$0	Amount over \$210
Contact Lenses (<i>Evaluation and fitting</i>)	15% off UCR	No discounts
Cosmetic Extras	Avg. 20-25% off retail price	No discounts
Glasses (<i>Additional pair of frames and lenses</i>)	20% off retail price**	No discounts
Laser Correction Surgery Discount	Up to 15% off the usual charge or 5% off promotional price	No discounts
Service Frequencies		
Exams	Every calendar year	
Lenses (<i>for glasses or contact lenses</i>) ^{‡‡}	Every calendar year	
Frames	Every two calendar years	
Network discounts (<i>glasses and contact lens professional service</i>)	Limitless within 12 months of exam.	
Dependent Age Limits	26	

Visit www.GuardianAnytime.com and click on "Find a Provider"

VSP

- ^{‡‡}Benefit includes coverage for glasses or contact lenses, not both.
- ** For the discount to apply your purchase must be made within 12 months of the eye exam.



Titus County 2020 Vision Plan Election

Please complete each section confirming your county or district is offering the Voluntary Vision benefit 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, Maria Castillo at mariac@county.org.

Tier	Monthly Rates*	Amount Employer Pays	Amount Employee Pays	Amount Retiree Pays
Employee Only	\$ 6.20	\$ _____	\$ _____	\$ _____
Employee + Child(ren)	\$ 12.44	\$ _____	\$ _____	\$ _____
Employee + Spouse	\$ 11.80	\$ _____	\$ _____	\$ _____
Employee + Family	\$ 18.28	\$ _____	\$ _____	\$ _____

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

Name/Title

Date

A VOLUNTARY VISION QUOTE

FOR TITUS COUNTY

January 1, 2020



TEXAS ASSOCIATION *of* COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

Santos Trejo, Employee Benefits Consultant
SantosT@county.org



Transmittal Information - TITUS 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 | (512) 478-8753



TITUS COUNTY

A VISION QUOTE

JANUARY 1, 2020

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TEXAS ASSOCIATION *of* COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

Cover Letter



September 26, 2019

Honorable Brian Lee
100 W 1st Street, Ste. 200
Mount Pleasant, Texas 75455

Dear Judge Lee,

The Texas Association of Counties Health and Employee Benefits Pool (TAC HEBP) is pleased to provide a quote for Voluntary Vision coverage for Titus County's January 1, 2020 effective date.

Our proposed vision 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 are committed to providing the highest quality benefits at the best long term cost. Please feel free to contact me at (512) 765-2128 or by email at SantosT@county.org for any additional information.

Sincerely,

A handwritten signature in black ink, appearing to be "Santos Trejo", written in a cursive style.

Santos Trejo

Employee Benefits Consultant

Texas Association of Counties Health and Employee Benefits Pool



TEXAS ASSOCIATION *of* COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

Voluntary Vision

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* COUNTIES HEALTH AND EMPLOYEE BENEFITS POOL

Voluntary Vision Plan Proposal For:
Effective Date:

Titus County
January 1, 2020

VOLUNTARY VISION

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

Benefits

Examination Frequency	ONCE EVERY 12 MONTHS
Lenses or Contact Lenses Frequency	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 1/1/2020 through 12/31/2020.
- Offer guaranteed until 1/1/2020.
- 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.



TEXAS ASSOCIATION *of* COUNTIES
HEALTH AND EMPLOYEE BENEFITS POOL

Benefit Details

Vision benefits made easy

Vision benefits should enhance your life, not complicate it. That's why Dearborn National Vision Care is working with EyeMed to bring you vision benefits that deliver more.

Freedom of choice

Our vision benefit packages give employees the freedom to choose at any in-network provider.

- NO limiting frame towers
- NO unnecessary restrictions
- NO confusing formularies
- ANY frame
- ANY Lens
- ANY Contacts

Network

With the right combination of retail and independent doctors members will have access to providers with weekend and evening hours. Plus members can access their benefits, view their claims and request ID Cards from www.DearbornNational.com/Vision. Also benefits can be applied online at Glasses.com – providing access to a huge selection of frames and lenses with 3-D virtual try on technology. Members can shop right from their homes.

INDEPENDENT
PROVIDER
NETWORK




LENSCRAFTERS

PEARLE
EST. 1900
VISION

sears
OPTICAL

 OPTICAL

 optical

Voluntary Vision Insurance Benefit Summary

Eligibility: All Active Full-Time Employees Working 30 Hours or More Per Week

Dependent Definition: To age 26

Vision Plan: 12/12/24 \$130

Vision Care Service	Member Cost In-Network	Out of Network Reimbursement
Exam with Dilatation as Necessary	\$10 Copay	Up to \$30
Frequency:		
Examination	Once every 12 months	
Lenses or Contact Lenses	Once every 12 months	
Frame	Once every 24 months	
Exam Options:		
Standard 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 Plastic 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		
UV treatment	\$15	N/A
Tint (solid and gradient)	\$15	N/A
Standard Plastic Scratch Coating	\$0	Up to \$5
Standard Polycarbonate – Adults	\$40	N/A
Standard Polycarbonate – Kids under 19	\$0	Up to \$5
Standard Anti-Reflective Coating	\$45	N/A
Polarized	20% off retail price	N/A
Photocromatic/Transitions Plastic	\$75	N/A
Premium Anti-reflective	See Below Table	N/A
Contact Lenses (Contact lens allowance includes materials only)		
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
Laser Vision Correction		
Lasik or PRK from U.S. Laser Network	15% off Retail Price or 5% off Promotional Price	N/A
Additional Pairs Benefit:	Members also receive a 40% discount off complete pair eyeglass purchase and a 15% discount off conventional contact lenses once the funded benefit has been used.	N/A

Group Vision Insurance Benefit Summary *continued*

Progressive Price List*	Member Cost In-Network
Standard Progressive	\$75 Copay
Premium Progressives as Follows:	
Tier 1	\$95 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-Reflective Coatings as Follows:	
Tier 1	\$57
Tier 2	\$68
Tier 3	80% of charge
Other Add-ons Price List	Member cost In-Network
Photochromic (plastic)	\$75
Polarized	80% of charge
<p>Dearborn National Vision Care reserves the right to make changes to the products on each tier and the member out-of-pocket costs.</p>	
<p>*Fixed pricing is reflective of brands at the listed product level. All providers are not required to carry all brands</p>	
<p>For a current listing of brands by tier, go to: www.eyemedvisioncare.com/theme/pdf/microsite-template/eyemedlenslist.pdf</p>	

Exclusions

No benefits will be paid for services or materials connected with or charges arising from:

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 or materials provided by any other group benefit plan providing vision care;
9. Certain name brand Vision Materials for which the manufacturer maintains a no-discount practice;
10. 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;
11. 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.



Enrollment Maintenance:

All initial enrollees as of the effective date are eligible to enroll. The employer's standard waiting period will apply.

Underwriting Considerations for Group Vision

Employees must be legally working in the United States in order to be eligible for coverage. The Dearborn National insurance policy must be purchased by and issued to the U.S. parent company customer located in the United States. If there are employees that are residents of Canada we must be advised before the point of sale so that we can ensure compliance with the laws of Canada.

This proposal provides only basic information on the features of the policy. It is not intended to be a complete representation of all terms and conditions of the contract. A complete listing of the terms, conditions, limitations, exclusions and reduction of benefits is available upon request. In the event of conflict between this proposal and the policy, the terms of the policy will govern.

Product features and provisions may be slightly different due to state requirements. When sold, the actual policy for the state in which the policy is issued will reflect the state's requirements.

About Dearborn National

Dearborn National® Life Insurance Company offers a broad selection of insurance and financial products that cover many markets—Voluntary and Employer Paid Group Benefits and a wide array of Enhanced Product Services. We serve some of the largest companies and most recognized names in the United States.

A Strong Parent Company

Our parent company, Health Care Service Corporation (HCSC), a Mutual Legal Reserve Company, is the largest non-investor owned health care insurance provider in the United States and the fourth largest overall. HCSC offers a wide variety of health and life insurance products and related services, through its operating divisions and subsidiaries.

Strong Ratings

The ratings of the Dearborn National companies speak to our commitment to managing our business well and remaining financially strong. Benefit programs in this proposal are underwritten by Dearborn National® Life Insurance Company.

Dearborn National Life Insurance Company is rated A (Excellent) by A.M. Best Company and A by Standard and Poor's for financial strength in their most recent reports.