



RESOLUTION NO. 20151208-04

VISION BENEFITS RENEWAL WITH SUPERIOR/BLOCK VISION

WHEREAS, TexAmericas Center is a political subdivision of the State of Texas with the powers and authorities specified in Chapter 3503 of the Special District Local Laws Code of the State of Texas; and

WHEREAS, TexAmericas Center has a health insurance policy for TexAmericas Center employees; and

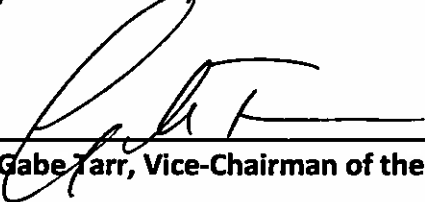
WHEREAS, TexAmericas Center adopted a Personnel Policy Manual by Resolution # 20150922-24 on September 22, 2015; and

WHEREAS, TexAmericas Center has sought, through a competitive process, bids to provide employee vision benefits; and

WHEREAS, SUPERIOR/BLOCK VISION has submitted a satisfactory proposal and can provide employee vision benefits starting January 1, 2016.

NOW, THEREFORE, BE IT RESOLVED by the Board of Directors that the Board of TexAmericas Center approves the vision benefits per the attached and the Executive Director/CEO shall be and are hereby authorized execute the attached documents.

PASSED AND APPROVED THIS 8th day of December, 2015.



Gabe Tarr, Vice-Chairman of the Board

ATTEST:



Boyd Sartin, Secretary-Treasurer

Attached: Vision Proposal

Superior Vision of Texas Vision Quote



FREQUENCY PLANS

	Platinum	Gold	Silver
Eye Exam	12 months	12 months	12 months
Eyeglass Lenses	12 months	12 months	24 months
Frame	12 months	24 months	24 months
Contact Lenses	12 months	12 months	24 months

3 yrs

BENEFITS ¹	IN-NETWORK	OUT-OF-NETWORK
Exam	Paid in full ²	Reimbursed up to: \$35 retail value ²
Lenses (Standard)		
Single Vision	Paid in full ²	Reimbursed up to: \$25 retail value ²
Bifocal	Paid in full ²	Reimbursed up to: \$40 retail value ²
Trifocal	Paid in full ²	Reimbursed up to: \$45 retail value ²
Lenticular	Paid in full ²	Reimbursed up to: \$80 retail value ²
Specialty Lenses or Add-ons	Up to: 20% off U&C	N/A
Frame	Retail allowance of \$150 ² / \$125 ² / or \$100 ²	Reimbursed up to \$70 ² / \$55 ² / \$45 ²
Contact Lenses		
Elective	Retail allowance of \$150 ² / \$125 ²	Reimbursed up to \$80 ² / \$65 ² / \$55 ²
Medically Necessary	Paid in full ²	Reimbursed up to \$150 ²
Laser Vision Correction	\$200 benefit allowance + discounts and special pricing (in lieu of eyewear benefit)	\$200 benefit allowance (in lieu of eyewear benefit)

¹ Limitations and exclusions apply.

² Less applicable co-pay—Eyewear co-pay is a single payment that applies to the entire purchase of eyeglasses (frame and lenses) or contacts in lieu of glasses.

Employer Paid Groups

- 50% or more employer contribution.
- Minimum group size and participation greater of five (5) employees or 75% of eligible employees.

Voluntary Groups

- Minimum group size and participation of ten (10) or more eligible employees.

PLAN RATES

	Employee Only		\$6.35
Gold 150	Employee + Spouse		\$10.85
Full Service	Employee + Child(ren)		\$11.50
(\$10 Exam + \$25 Eyewear Co-pay)	Employee + Family		\$17.25