



RESOLUTION NO. 20181127-05

VISION BENEFITS RENEWAL WITH SUPERIOR 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 #20140923-20** on September 23, 2014 with a revision date of September 25, 2018 by **Resolution #20170925-19**; and

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

WHEREAS, **SUPERIOR VISION** has submitted a satisfactory proposal and can provide employee vision benefits starting January 1, 2019.

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

PASSED AND APPROVED THIS 27th day of November 2018.

A handwritten signature in blue ink that reads "Boyd Sartin".

Boyd Sartin, Chairman of the Board

ATTEST:

A handwritten signature in blue ink that reads "Ben King".

Ben King, Secretary

Attached: Renewal

Voluntary Vision Insurance

Effective: January 1, 2019

Insurance Company:	CURRENT/RENEWAL
	Superior (Southwest)
Copay:	
Vision Exam	\$10
Materials	\$25
Contact - Standard Fit & Follow-Up	N/A
Materials:	
Frames	100% Up to \$150, 20% Off Remaining Balance
Single Vision	100%
Bifocal	100%
Trifocal	100%
Lenticular	100%
Standard Progressive	Discount
Premium Progressive	Discount
Contact Lenses Elective	100% Up to \$150, 10% Off Remaining Balance
Contact Lenses Medically Necessary	100%
Frequency Allowance:	
Exams	Every 12 Months
Lenses	Every 12 Months
Frames	Every 12 Months
Other:	
Lasik Allowance	\$200 Allowance
Network Website	www.superiorvision.com
Notes:	

RATE GUARANTEE	January 1, 2022
Current Participation	9 EE's Enrolled
Participation Required	3 EE's Enrolled
Monthly Rates:	CURRENT
Employee Only	\$5.20
Employee + Spouse	\$9.00
Employee + Children	\$9.52
Employee + Family	\$14.25

THIS BENEFIT SUMMARY IS FOR ILLUSTRATION PURPOSES ONLY.

This proposal is not to be construed as an exact or complete analysis of the policies nor as legal evidence of insurance. The provisions of the actual policy will prevail.