



**BLOCK VISION OF TEXAS  
BENEFIT ILLUSTRATION  
MANSFIELD INDEPENDENT SCHOOL  
DISTRICT**

*Platinum \$125 VISION PLAN*

*\$10 Exam/\$25 Eyewear Copayments, Full Service – Illustration*

| <u>Service / Material</u>                          | <u>Participating Provider</u> | <u>Non-Participating Provider</u> |
|--|-------------------------------|-----------------------------------|
| <b>Vision Examination:</b>                         | Paid in full*                 | Up to: \$35.00 Retail Value*      |
| <b>Frame:</b>                                      | Up to: \$125.00 Retail Value* | Up to: \$70.00 Retail Value*      |
| <b>Lenses: (Clear, Standard, Glass or Plastic)</b> |                               |                                   |
| Single Vision (per pair)                           | Paid in full*                 | Up to: \$25.00 Retail Value*      |
| Bifocal (per pair)                                 | Paid in full*                 | Up to: \$40.00 Retail Value*      |
| Trifocal (per pair)**                              | Paid in full*                 | Up to: \$45.00 Retail Value*      |
| Lenticular (per pair)                              | Paid in full*                 | Up to: \$80.00 Retail Value*      |
| <b>Contact Lenses:***</b>                          |                               |                                   |
| Elective   | Up to \$150.00*               | Up to: \$80.00 Retail Value*      |
| Medically Required                                 | Paid in full*                 | Up to: \$150.00 Retail Value*     |

\* 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 (i.e. standard daily wear, extended wear, disposable, toric, gas permeable, and bifocal).

**Frequency:**

|                    |                     |
|--------------------|---------------------|
| Vision Examination | Once Each 12 Months |
| Frame              | Once Each 12 Months |
| Lenses             | Once Each 12 Months |
| Contact Lenses     | Once Each 12 Months |

**Rates:**

| <u>Voluntary Participation</u> | <u>Monthly</u> |
|--------------------------------|----------------|
| Employee                       | \$ 7.35        |
| Employee + Spouse              | \$12.50        |
| Employee + Child (ren)         | \$13.25        |
| Family                         | \$19.85        |

Non-Covered Eyewear Discount: Members may also receive a discount of 20% from a participating provider's 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 selected 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 Wal-Mart's "Always Low Prices" policy.

**WE FOCUS ON YOU SO YOU CAN FOCUS ON LIFE**



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

# Vision Plan Questions & Answers

## **What plan options are available?**

Mansfield Independent School District employees are being offered our Platinum \$125 plan. The Platinum \$125 plan includes a routine/basic vision examination yearly. The eyewear benefit provides coverage for lenses or contacts every year and provides up to \$125 coverage for frames every year.

## **How do I enroll in this plan?**

You must complete the enrollment form furnished to you. At enrollment, you should mark your coverage selection (i.e. employee+ spouse, employee+ child (ren), or family). If you select employee+ spouse, employee+ child (ren), or family be sure to include all the information requested for covered dependents, including social security numbers and birth dates.

## **How do I use this plan?**

With your vision benefit, choose a provider from the participating provider list. Present your ID card for services at the time of service. EXCEPT FOR ANY APPLICABLE COPAYMENT, DO NOT PAY YOUR PARTICIPATING PROVIDER FOR SERVICES OR EYEWEAR COVERED BY YOUR BLOCK VISION OF TEXAS BENEFIT.

If you choose a non-participating provider, you will be expected to pay the doctor for services received. You will then need to send the original receipt from your non-participating doctor to Block Vision for reimbursement. Block Vision will review your eligibility and send the appropriate reimbursement to you.

Contact lenses and related professional services with a retail value of up to \$150 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 toward the purchase of contact lenses that retail for more than \$150.

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

No. Block Vision's 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 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 1 ID card. Employees electing employee+ spouse, employee+ child (ren), or family coverage will be issued 2 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, not calendar year. For example, if you are entitled to an exam once each 12 months and receive your first exam on 3-11-06, you will become eligible again for a new exam on 3-11-07.

## **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 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 period.

## **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 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 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 are added at your own expense. Block Vision will pay for the clear, standard glass or plastic lenses with single vision, bifocal or trifocal prescriptions.

## **What if I have other questions?**

You may call Block Vision's office toll-free at (866) 265-0517, Monday through Friday 8:00 AM to 5:30 PM (Central Time) with any questions you may have. If you call during evening or weekend hours, you will be able to leave a message on the Block Vision voice mail system. Your call will be returned as soon as possible.

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