

**BLOCK**  
VISION OF TEXAS, INC.  

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A SUBSIDIARY OF BLOCK VISION, INC.



Dear Member:

Congratulations on your new vision benefit! I would like to welcome you to Block Vision of Texas' program and to acquaint you with the enclosed materials, which provide you with all of the information you need to take advantage of your coverage.

Two identification cards are located with this booklet. Please take a moment to review the cards to ensure that all of your information is correct. If there are any errors, please contact our Member Services Department at 866-265-0517 right away so that we may correct our records and issue new cards to you.

If your cards are correct, please remove them and place them in a safe place. When you call a participating provider's office to schedule an appointment for vision services, be sure to mention your Block Vision of Texas coverage and have your i.d. card handy as you will be asked for your identification number. Also, be sure to take your i.d. card with you when you go to your vision appointment. This ensures that your benefits will be correctly applied.

Block Vision of Texas makes it easy for you to receive care – when you are ready to seek services, simply call a participating provider to schedule an appointment. We'll take care of the rest! If you decide to receive services from a *non-participating provider*, please send your receipt to Block Vision of Texas, P.O. Box 14035, Milwaukee, Wisconsin 53214-0035 or call our member service department at 1-866-265-0517.

In closing, I would like to thank you for joining Block Vision of Texas' plan. Please do not hesitate to call us if you have any questions regarding your coverage. We will be happy to assist you.

Very truly yours,

A handwritten signature in black ink, appearing to read "Andrew Alcorn".

Andrew Alcorn

## **BLOCK VISION OF TEXAS, INC.**

### **DESCRIPTION OF VISION CARE BENEFIT PLAN TERMS AND CONDITIONS**

#### **1. Coverage under the Vision Care Benefit Plan**

The entity providing the coverage under this Vision Care Benefit Plan is named Block Vision of Texas, Inc. ("Block Vision"), a Texas Health Maintenance Organization.

#### **2. Obtaining Additional Information**

Additional information regarding this Vision Care Benefit Plan, including provider information, may be obtained by writing to the following address or telephoning the following toll-free number:

Block Vision of Texas, Inc.  
6737 W. Washington St., Ste. 2202  
P.O. Box 14035  
Milwaukee, Wisconsin 53214-0035  
866-265-0517

#### **3. Covered Services and Benefits**

The services and benefits covered by this Vision Care Benefit Plan (Covered Services) are reflected in the Patient Benefit Schedules that are attached to and made a part of this Description of Vision Care Benefit Plan Terms and Conditions.

#### **4. Emergency Care Services and Benefits**

This Vision Care Benefit Plan is a vision wellness program and is not intended to cover "Emergency care" services as such term is defined under Section 843.002 (7) of the Texas Insurance Code. Covered Services needed on an urgent basis will be provided to Members within a timeframe consistent with Member's condition, including after-hours care which Members may access by contacting their Block Vision Provider or Block Vision.

#### **5. Out of Area Services and Benefits**

If the need for urgent Covered Services occurs during a Member's temporary absence from the service area and service cannot be delayed until the Member's return to the service area, such urgently needed Covered Services will be provided to Members by

non-participating providers out of the service area within a time frame consistent with the member's condition.

## **6. Member's Financial Responsibility**

The Member's financial responsibility, if any, for the payment of premiums is a fixed monthly prepaid charge as determined at the time the group coverage becomes effective. A Member is also financially responsible for the payment of the following: (1) copayments when the Member receives Covered Services that require a copayment; (2) services or supplies which are not Covered Services; and (3) services/materials in excess of the covered plan benefit allowance. A listing of the Covered Services requiring a copayment and non-covered services/materials is contained in the Patient Benefit Schedule that is attached to and made a part of this Description of Vision Care Benefit Plan Terms and Conditions. Block Vision participating providers have agreed to look only to Block Vision for payment of Covered Services and not to Members for payment of Covered Services, except as set forth in this Description of Vision Care Benefit Plan Terms and Conditions.

## **7. Limitations and Exclusions**

Block Vision covers only professional wellness vision care services and/or the prescription eyewear that is described in the Patient Benefit Schedule attached hereto and made a part hereof. No other services or supplies are covered, and the Member shall be financially responsible for any services provided which are not Covered Services and for services/materials in excess of the covered plan benefit allowances. Inquiries, medical eye care services, therapeutic treatments, surgical treatments, emergency care, and hospitalization are not covered.

## **8. Prior Authorization**

When scheduling an appointment with a Block Vision participating provider, it is the Member's responsibility to inform the provider of Member's Group Name and Vision Benefit ID Number. Thereafter, the provider will verify the Member's eligibility for the Covered Services prior to rendering the Covered Services. If provider does not follow the eligibility verification process, Member shall have no financial responsibility for Covered Services if he/she is eligible to receive same. Based upon the nature of the wellness vision care services covered by Block Vision, the only requirement for Member to receive Covered Services is that he/she be eligible for the

Covered Services. Accordingly, Block Vision does not conduct preauthorization review, concurrent review, post service review or post payment review.

## **9. Continuity of Treatment**

Reasonable advance notice shall be given to a Member of the impending termination of a physician or provider who is currently treating the Member. A Member who has a special circumstance such that the physician or provider reasonably believes that discontinuing care by the treating physician or provider could cause harm to the Member, will be allowed to continue to see the treating physician or provider while the special circumstance continues to exist. The Member will not be charged for Covered Services rendered by the treating physician or provider unless treatment is extended beyond 90 days from the effective date of termination. Based upon the nature of the wellness vision care services covered by Block Vision, however, it is unlikely that the need for continuity of treatment will arise.

## **10. Complaint Resolution Procedures**

Complaints about Block Vision may be initiated orally or in writing. All complaints received by Block Vision are investigated thoroughly and acted upon promptly. The Member will be sent a letter within five (5) business days of Block Vision's receipt of the complaint acknowledging the date the complaint was received and describing Block Vision's complaint procedures and timeframes. If the complaint was made orally, the acknowledgment letter will include a one-page complaint form which must be completed and returned to Block Vision for prompt resolution of the complaint.

All complaints will be investigated and resolved within thirty (30) calendar days from the date of receipt of the written complaint or one page complaint form from the complainant. Complaints concerning Covered Services needed on an urgent basis will be resolved within one (1) business day after Block Vision's receipt of the complaint. The complainant will be sent a letter, within such thirty (30) day timeframe, that: (1) explains Block Vision's resolution of the complaint; (2) states the specific clinical and contractual reasons for the resolution; (3) states the specialization of any physician or provider consulted; and (4) contains a complete description of the appeal process.

If a Member is not satisfied with the resolution of the complaint, he/

she may either (1) appear in person before Block Vision's Complaint Appeal Panel at the site at which the Member normally receives Covered Services, or at another site agreed to by the Member, and present written or oral information and request the presence of and question the person(s) responsible for making the disputed decision, or (2) address a written appeal to Block Vision's Complaint Appeal Panel.

If a complainant requests to appear before the Complaint Appeal Panel, at least five (5) business days before the meeting, Block Vision will provide the complainant, or his/her designated representative, with any documentation Block Vision will present to the Complaint Appeal Panel, the specialization of any providers consulted during the investigation and the name and affiliation of each member of the Complaint Appeal Panel.

If the complainant files a written appeal, Block Vision will send an acknowledgement letter to the Member within five (5) business days of Block Vision's receipt of the written request for appeal, and will complete the appeals process within thirty (30) days after the date the written request for appeal is received.

The Complaint Appeal Panel will be comprised of an equal number of Block Vision's staff, participating providers and Members. No Member of the Complaint Appeal Panel will have been involved in the disputed decision.

The Member will be notified in writing of the appeal decision, including the specific clinical determination, clinical basis and contractual basis used to reach the final decision, and the toll-free telephone number and address of the Texas Department of Insurance at which the Member may submit a complaint to the Department about Block Vision.

Based upon the nature of the wellness vision care services covered by Block Vision, the only requirement for Member to receive Covered Services is that he/she be eligible for the Covered Services. Thus, Block Vision does not conduct utilization review and there are no utilization review decisions for which an adverse determination may be rendered or for which a Member will be entitled to review by an independent review organization.

Block Vision is prohibited from retaliating against a group contract holder or Member because the group contract holder or Member has filed a complaint against or appealed a decision of Block

Vision. Block Vision is likewise prohibited from retaliating against a physician or provider because the physician or provider has, on behalf of Member, reasonably filed a complaint or appealed a decision of Block Vision.

#### **11. Listing of Providers Participating with Block Vision**

This Description of Vision Care Benefit Plan Terms and Conditions contains a listing of the providers currently participating with Block Vision and their locations. This list is updated on at least a quarterly basis and you may call Block Vision at 866-265-0517 to obtain the most current list. All Block Vision participating providers will accept new Block Vision Members.

#### **12. Service Area**

The Service Area of Block Vision for your group includes all zip codes within the following counties:

Collin  
Cooke  
Dallas  
Denton  
Fannin  
Grayson  
Hopkins  
Hunt  
Kaufman  
Lamar  
Rockwall  
Tarrant  
Van Zandt

## PATIENT BENEFIT SCHEDULE

### I. COVERED SERVICES

#### A. Comprehensive Eye Examination

Members can receive a Comprehensive Eye Examination (as described below) according to the Frequency Schedule described below.

#### B. Prescription Eyewear

When it is determined based upon the Comprehensive Eye Examination that the Member requires prescription eyewear, the Member may receive eyewear coverage as follows:

##### a. Frame

Eyeglass frames with a retail value of up to \$125.00 are covered in full. Members receive a \$125.00 retail allowance toward the purchase of eyeglass frames which retail for more than \$125.00.

##### b. Eyeglass Lenses

Standard lenses in the following types and styles are covered in full:

Single Vision

Bifocal: Flat-top 25 or 28 or Round Bifocal

Trifocal: 7x25 or 7x28

Aspheric-Lenticular: Single Vision or Round Bifocal

Members who elect to purchase lens types other than those listed above receive an allowance toward the specialty lens purchase equal to the Block Vision Provider's usual and customary charge for standard lenses of similar type (single vision; bifocal; or trifocal; for progressive lenses, the Block Vision Provider's usual and customary fee for standard trifocal lenses is applied). The Member is financially responsible for the additional cost associated with the specialty lens or lens add-on, subject to the Eyewear Discount described below.

c. Contact Lenses

Contact lenses and related professional services with a retail value of up to \$150.00 are covered in full *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 \$150.00 retail allowance toward the purchase of contact lenses that retail for more than \$150.00.

d. Eyewear Discount

Members electing to receive eyewear which exceeds the coverage limits set forth above are entitled to receive up to a 20% discount toward the amount by which the retail cost of the eyewear selected exceeds applicable coverage limits (except disposable contact lenses for which no discount applies), when eyewear is received from a Block Vision Provider. Certain Block Vision Provider restrictions may apply.

C. Out of Network Benefit

Members have an Out-of-Network benefit option for Covered Services. To access the Out-of-Network option, the Member must call Block Vision for eligibility verification and a claim form. A Member who elects to receive services from a non-Block Vision Provider will be reimbursed in accordance with the following schedule, less any applicable copayment:

<u>Applicable In-Network Coverage (fully covered)</u>	<u>Applicable Out-of-Network Reimbursement</u>
Exam	\$35.00
Frame (\$125.00)	\$70.00
Single Vision Lenses	\$25.00
Bifocal Lenses	\$40.00
Trifocal Lenses	\$45.00
Aspheric-Lenticular Lenses	\$80.00
Contact Lenses (\$150.00)	\$80.00

## **II. FREQUENCY SCHEDULE**

### **A. Comprehensive Eye Examination**

Members can receive a Comprehensive Eye Examination once in every twelve (12) month period beginning on the Effective Date of the Group Contract so long as the Group Contract remains in effect and the Member remains covered under it.

### **B. Prescription Eyewear**

Members can receive prescription eyeglass lenses once in every twelve (12) month period and can receive an eyeglass frame once in every twelve (12) month period beginning on the Effective Date of the Group Contract so long as the Group Contract remains in effect and the Member remains covered under it.

## **III. PROFESSIONAL SERVICE STANDARDS**

### **A. Comprehensive Eye Examination**

The Comprehensive Eye Exam shall include:

1. Medical History
2. Visual Acuities
  - a. w/correction distance and near
  - b. w/o correction distance and near
3. Cover test at 20 feet and at 16 inches
4. Versions
5. External Examination
  - a. Lids
  - b. Cornea
  - c. Conjunctiva
  - d. Pupillary reaction (neurological integrity)
  - e. Muscle function
6. Binocular measurements for far and near
7. Internal Examination
  - a. Ophthalmoscopy
8. Auto-refraction/Refraction
  - a. Far point
  - b. Near point
9. Tonometry (reasonable attempt or equivalent testing if contraindicated)

10. Retinoscopy
11. Biomicroscopy
12. Intraocular Pressure-Glaucoma Test
13. Slit Lamp examination

#### **B. Contact Lens Examinations/Services**

When Member elects to purchase contact lenses in lieu of eyeglasses, the eyewear coverage shall include the following professional services:

1. Examination;
2. Fitting;
3. Training; and
4. Follow-up visits.

#### **IV. COPAYMENTS**

A \$10.00 Eye Exam Copayment is required.

#### **V. NON-COVERED SERVICES/MATERIALS**

1. Tinted lenses and photo chromatic lenses;
2. Safety lenses and frames (polycarbonate);
3. Aniseikonic lenses, blended or progressive bifocals, special occupational lenses, special coatings (i.e. hard, anti-reflective), oversize lenses over 75mm, lamination of a lens or lenses, facets or other cosmetic grinds or polishes;
4. Lens styles and/or materials not listed as a covered benefit;
5. Special mountings (other than standard zyl, standard metal or standard half-eyes);
6. Orthoptics, vision training, low vision aids, or any supplemental training;
7. Non-prescription (plano) eyewear including plano sunglasses;
8. Medical eye care services and diagnostic procedures;
9. Any examination or corrective eyewear required by an employer as a condition of employment;

10. Conditions covered by Worker's Compensation;
11. Any services or materials provided by another vision plan or payor, subject to the "Dual Coverage" provision of the Member Certificate;
12. Two pairs of frames and lenses in lieu of bifocals;
13. Repairs and replacements of lost or destroyed eyewear; or
14. Any eyewear exceeding the benefit allowance, subject to the applicable Eyewear Discount described above.

**VI. GROUP NAME:** Frisco ISD

**VII. GROUP NUMBER:** 321100

**VIII. YOUR VISION BENEFIT ID NUMBER:**

The nine digit ID number assigned to you by Block Vision will be your Vision Benefit ID number.

**IX. HOW TO RECEIVE YOUR BENEFITS**

Simply make an appointment with a listed Block Vision Provider. When scheduling the appointment, inform them of your Group Name, Plan Number, and your Vision Benefit ID number. When you arrive for your appointment, show your identification card to the receptionist. There are no claims or paperwork for you to file.

**X. SELECTING A BLOCK VISION PROVIDER**

To identify a conveniently located Block Vision participating Provider please call Block Vision at 1-866-265-0517 or log onto Block Vision's website at [www.blockvision.com](http://www.blockvision.com). From time to time there may be additions, deletions, or changes to this list. If you wish to receive a paper copy of the Block Vision participating Provider list you may call Block Vision at 1-866-265-0517 to request same.

**XI. QUESTIONS**

If you have any questions or comments, call us at 1-866-265-0517.