

DAVIS VISION
EYECARE REFRAMED™

BROWNSVILLE ISD ENROLLMENT GUIDE

1) If you have existing Davis Vision coverage, and you do **NOT** wish to make any changes, **NO** action is needed on your part. Your coverage will renew as is.

2) To sign-up for new vision coverage, or to add / delete dependents to or from your existing Davis Vision plan, please complete the attached enrollment form and get it to us by the deadline. You may use any of the following enrollment options: in-person, by fax, by mail, or by email, whichever is most convenient for you.

- ~ **In-Person:**
- a) At the Main Building, 1900 E. Price Rd*
 - b) At the Central Administrative Building, 708 Palm Blvd*
* Fridays only, 8am-5pm (09/07 through 11/09)
 - c) At our office: National MGA Insurance Alliance**
405 W. Jefferson St.
Brownsville, TX 78520
**Monday – Friday, 9am-5pm (09/07 through 11/09)

~ **By Fax:** 982-0931 (local)

~ **By Mail:** National MGA Insurance Alliance
ATTN: Dalia Hurtado
405 W. Jefferson St.
Brownsville, TX 78520

~ **By Email:** dalia@nmgaia.com

3) Applications should be completed in their entirety by completing the name and date of birth for each covered person. Also, remember to include employee's social security number, mailing address, and preferred phone number.

4) If you have existing coverage and you wish to add or delete dependents, please indicate in the box to the left of each dependent's name whether you are "A" adding the dependent or "T" terminating the dependent. If you wish to cancel your employee coverage, please complete the employee information section and check-off "T" in the section to the left of your own name.

5) The monthly premiums are as follows:

Employee Only:	\$ 9.81
Employee + One:	\$18.51
Employee + Family:	\$27.12

Please mark the appropriate box for the coverage desired.

6) If you want the premium deducted from your pay on a pre-tax basis, please mark "pre-tax". Otherwise, mark "after-tax". Please note that marking "pre-tax" may lower your net cost, but is subject to the terms of your employer's IRS Section 125 cafeteria plan. If you do not mark either option, we will assume your election is after-tax. For questions, contact your S125 cafeteria plan administrator.

7) Don't forget to sign and date your application for coverage, and keep a copy for your records.

8) **The deadline for us to receive your application is Friday, November 9, 2018.**

9) All coverage changes will become effective on January 1, 2019, unless you are newly hired after that date. New hires will have their coverage start on the 1st of the month following the date we receive your application.

10) For questions concerning the following issues, please call:

Enrollment Questions: Dalia at 982-3998, ext.300.

Benefits or Provider Questions: Davis Vision at 1-877-923-2847, or on the web at www.davisvision.com. Please mention or enter client code 2194.



IdealChoiceSM Vision Plan

Healthy eyes and clear vision are an important part of your overall health and quality of life. With the rising cost of eyewear you can't afford not to be covered through a managed vision care plan. Your vision plan helps you care for your eyes while saving you money by offering:

Paid-in-full eye examinations, eyeglasses and contacts!


Frame Collection: Your plan includes a selection of designer, name brand frames that are completely covered in full.¹

Contact Lens Collection: Select from the most popular contact lenses on the market today with Davis Vision's Contact Lens Collection.¹

One-year eyeglass breakage warranty included on plan eyewear at no additional cost!

How to locate a Network Provider...

Just log on to the Open Enrollment section of our Member site at davisvision.com and click "Find a Provider" to locate a provider near you including:

 **Visionworks** Walmart,
Sam's Club, Eye Mart Express
and other independent locations

Contact National MGA Insurance Alliance today to enroll.

Enrollment Questions: Dalia at 982-3998, ext 300
Benefit or Provider Questions: Log on to the Open Enrollment section of our Member site at www.davisvision.com or call 1.877.923.2847 and enter Client Code 2194.

¹ The Davis Vision Collection is available at most participating independent provider locations. The Davis Vision Contact Lens Collection includes select torics and multifocals.

² Additional discounts not applicable at Walmart, Sam's Club or Costco locations.

³ Including, but not limited to toric, multifocal and gas permeable contact lenses.

⁴ Transitions® is a registered trademark of Transitions Optical Inc.

Davis Vision has made every effort to correctly summarize your vision plan features. In the event of a conflict between this information and your organization's contract with Davis Vision, the terms of the contract or insurance policy will prevail.

IN-NETWORK BENEFITS

Eye Examination	Every 12 months, Covered in full after \$10 copayment
Eyeglasses	
Spectacle Lenses	Every 12 months, Covered in full For standard single-vision, lined bifocal, or trifocal lenses after \$20 copayment
Frames	Every 24 months, Covered in full Any Fashion or Designer frame from Davis Vision's Collection ¹ (value up to \$160) OR \$200 retail allowance toward any frame from provider, plus 20% off balance ²
Contact Lenses	
Contact Lens Evaluation, Fitting & Follow Up Care	Every 12 months, Collection Contacts: Covered in full after \$20 copay OR Non Collection Contacts: Standard Contacts: Covered in full after \$20 copay Specialty Contacts ³ : \$60 allowance plus 15% off balance ²
Contact Lenses (in lieu of eyeglasses)	Every 12 months, Covered in full Any contact lenses from Davis Vision's Contact Lens Collection ¹ OR \$130 retail allowance toward provider supplied contact lenses, plus 15% off balance ²

ADDITIONAL DISCOUNTED LENS OPTIONS & COATINGS

MOST POPULAR OPTIONS <small>Savings based on in-network usage and average retail values.</small>	Without Davis Vision	With Davis Vision
Scratch-Resistant Coating	\$25	\$0
Polycarbonate Lenses	\$66	\$0
Standard Anti-Reflective (AR) Coating	\$83	\$0
Standard Progressives (no-line bifocal)	\$198	\$0
Photochromic Lenses (i.e. Transitions®, etc.) ⁴	\$110	\$65

Lower costs and more benefits! See the savings!

Service	Without Davis Vision	With Davis Vision
Eye Examination	\$103	\$10
Lenses		
Bifocals	\$116	\$20
Scratch-Resistant Coating	\$25	\$0
Transitions ^{®/4}	\$110	\$65
Frame	\$160	\$0
Total	\$514	\$95

Savings up to:
\$419

Employee Contributions	Monthly	Semi-Monthly
Employee	\$9.81	\$4.91
Employee plus One	\$18.51	\$9.26
Employee plus Family	\$27.12	\$13.56

*Vision Care Participating Network Providers***Cameron****Walmart Vision Center**

2205 Ruben Torres Sr Blvd
Brownsville, TX 78526
(956) 509-2080
☆ ◇ <d>

Visionworks

Ste 1532
2370 N Expressway
Brownsville, TX 78526
(956) 544-6405
☆ ◇ <d>

Elisa Garza, Inc

Ste B
2969 Southmost Rd
Brownsville, TX 78521
(956) 982-3995
☆ <d>

Dr. Barrera A. Rosendo

2485 Hudson Blvd
Brownsville, TX 78526
(956) 554-3030
☆ ◇ #

Dr. Vasquez Antonio

870 E Alton Gloor Blvd
Brownsville, TX 78526
(956) 574-9002
☆ #

Alexander P Sudarshan MD

PA
1058 E Los Ebanos Blvd
Brownsville, TX 78520
(956) 541-4828
☆ ◇
Alt Lang: Spanish

Dr. Sudarshan Alexander

1058 E Los Ebanos Blvd
Brownsville, TX 78520
(956) 541-4828
☆ ◇ ◇ #
Alt Lang: Spanish

Dr. Richardson W. Ronald

1058 E Los Ebanos Blvd
Brownsville, TX 78520
(956) 541-4828
☆ ◇ ◇ #
Alt Lang: Spanish

Alexander P Sudarshan MD

PA
1096 E Los Ebanos Blvd
Brownsville, TX 78520
(956) 541-4828
☆ ◇
Alt Lang: Spanish

Dr. Sudarshan Alexander

1096 E Los Ebanos Blvd
Brownsville, TX 78520
(956) 541-4828
☆ ◇ ◇ #
Alt Lang: Spanish

Maria del Carmen Z Campos

Ste 1532
2370 N Expressway
Brownsville, TX 78521
(956) 574-9633
☆

Dr. Campos D. Maria

Ste 1532
2370 N Expressway
Brownsville, TX 78521
(956) 574-9633
☆ ◇

Dr. Rios R. Rolando

Ste 1238
2370 N Expressway
Brownsville, TX 78526
(956) 541-6324
☆ #
Alt Lang: Spanish

Bethel Vision Care PLLC

2205 Ruben Torres Sr Blvd
Brownsville, TX 78526
(956) 200-2020
☆ ◇ <e>
Alt Lang: Spanish

Dr. Diaz Yvonne

2205 Ruben Torres Sr Blvd
Brownsville, TX 78526
(956) 200-2020
☆ ◇ <e>
Alt Lang: Spanish

Eye Mart Express

Ste C
101 E Morrison Rd
Brownsville, TX 78526
(956) 544-5735
☆ ◇

Walmart Vision Center

3500 W Alton Gloor Blvd
Brownsville, TX 78520
(956) 350-8302
☆ ◇ ◇ <d>

America's Best Contacts & Eyeglasses

Ste F2
2451 Pablo Kisel Blvd
Brownsville, TX 78526
(956) 509-2339
☆ ◇

Dr. Vu Vicky

Ste F2
2451 Pablo Kisel Blvd
Brownsville, TX 78526
(956) 509-2339
☆ ◇

Dr. Vu Summer

Ste F2
2451 Pablo Kisel Blvd
Brownsville, TX 78526
(956) 509-2339
☆ ◇

Our Provider listing is current as of the time it is created. We encourage you to confirm participation of the doctor and office prior to scheduling your appointment.

☆ Accepting new patients ◇ Medicaid provider ◇ Handicap Access
<e> Performs examinations only <d> Dispenses eyewear only # Tower frame collection

Vision Care Participating Network Providers**Dr. Hook Stephen**

2224 Camelot Plaza Cir
Harlingen, TX 78550
(956) 507-4500

☆ 〇 #

Alt Lang: Spanish

Dr. Lopez De Chacon Denisse

2224 Camelot Plaza Cir
Harlingen, TX 78550
(956) 507-4500

☆ 〇 #

Alt Lang: Spanish

Dr. Taylor Terry Scott

2224 Camelot Plaza Cir
Harlingen, TX 78550
(956) 507-4500

☆ 〇 #

Alt Lang: Spanish

Walmart Vision Center

1801 W Lincoln St
Harlingen, TX 78552
(956) 425-8455

☆ ◇ 〇 <d>

America's Best Contacts & Eyeglasses

Ste 170
2709 W Expressway 83
Harlingen, TX 78552
(956) 507-7765

☆ 〇 <d>

Dr. Rowe D. James

Ste 49
2220 Haine Dr
Harlingen, TX 78550
(956) 425-8558

☆ 〇 #

Dr. Liska L. Landon

Ste F8
2000 S Expressway 83
Harlingen, TX 78552
(956) 428-0303

☆ 〇 #

Walmart Vision Center

1004 W Ocean Blvd
Los Fresnos, TX 78566
(956) 233-1873

☆ <d>

Dr. Vasquez Antonio

810 W Ocean Blvd
Los Fresnos, TX 78566
(956) 233-5252

☆ #

Bethel Vision Care PLLC

1401 State Highway 100
Port Isabel, TX 78578
(956) 200-2020

☆ 〇 <e>

Alt Lang: Spanish

Dr. Diaz Yvonne

1401 State Highway 100
Port Isabel, TX 78578
(956) 200-2020

☆ 〇 <e>

Alt Lang: Spanish

Walmart Vision Center

1401 State Highway 100
Port Isabel, TX 78578
(956) 943-4234

☆ ◇ <d>

San Benito Vision Source

801 N Sam Houston Blvd
San Benito, TX 78586
(956) 361-7600

☆ 〇

Alt Lang: Spanish

Dr. Rodriguez Jaime

801 N Sam Houston Blvd
San Benito, TX 78586
(956) 361-7600

☆ ◇ 〇

Alt Lang: Spanish

Optical Image

Ste 1
955 W Hwy 77
San Benito, TX 78586
(956) 399-0680

☆ 〇

Alt Lang: Spanish

Dr. Perez Ivar

Ste 1
955 W Hwy 77
San Benito, TX 78586
(956) 399-0680

☆ ◇ 〇 #

Alt Lang: Spanish

Walmart Vision Center

1126 W US Highway 77
San Benito, TX 78586
(956) 361-9047

☆ ◇ 〇 <d>

Dr. Lim L. Kim

1126 W US Highway 77
San Benito, TX 78586
(956) 399-1500

☆ 〇 <e>

Alt Lang: Chinese, German, Portuguese, Si

Our Provider listing is current as of the time it is created. We encourage you to confirm participation of the doctor and office prior to scheduling your appointment.

☆ Accepting new patients

◇ Medicaid provider

〇 Handicap Access

<e> Performs examinations only <d> Dispenses eyewear only # Tower frame collection

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8/3/2018

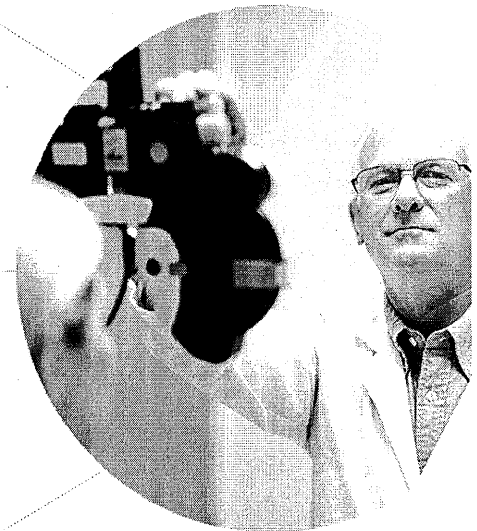
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Have you considered LASIK?

Davis Vision LASIK Service

We take pride in providing members with quality vision care choices that fit their lifestyle needs. Laser vision correction (LASIK) is a procedure that can reduce or eliminate your dependence on glasses or contact lenses. This corrective service is available to you and your eligible dependents at a special discount with your Davis Vision plan.



Is LASIK right for you?

Are you nearsighted, farsighted or have astigmatism? If so, LASIK could help you regain your vision through a single procedure.

How does LASIK work?

The FDA approved procedure reshapes the cornea so that light entering your eye is properly focused onto the retina. Vision is usually corrected immediately following the LASIK procedure.

Special pricing for Davis Vision members guaranteed to be lower than other carriers

Plus! Flexible financing options available, 12 months interest free.

Convenience

Over 1,000 locations for you to choose from across our nationwide network of LASIK providers.

Quality

Our credentialed surgeons have collectively performed more than 6.5 million procedures.

Savings

Significant savings including 40% - 50% OFF the national average price of traditional LASIK.

Interested in LASIK? Here's what you can do next

1. Give us a call at 1 (855) 502-2020 for additional information.
2. Our LASIK service experts will explain the program offered and answer any remaining questions.
3. Select a local in-network provider, and set an appointment at a time that works for you!



DAVIS VISION

EYECARE REFRAMEDSM

BROWNSVILLE ISD

Enrollment/Change Form

Please print and complete all sections.

EMPLOYER INFORMATION

Employer Name

Brownsville Independent School District (XD4)

Effective Date:

EMPLOYEE INFORMATION A: Add (enroll) T: Terminate C: Change (change of name, address or phone)

<input type="checkbox"/> A <input type="checkbox"/> T <input type="checkbox"/> C	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Last Name (Employee)	First Name	M.I.	Date of Birth
Social Security #		Home Street Address	City/State/Zip		Home Phone ()

FAMILY INFORMATION (Only those eligible may be enrolled.)

A: Add (enroll) T: Terminate C: Change (change of name)

<input type="checkbox"/> A <input type="checkbox"/> T <input type="checkbox"/> C	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Last Name (spouse)	First Name	M.I.	Date of Birth
<input type="checkbox"/> A <input type="checkbox"/> T <input type="checkbox"/> C	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Last Name (dependent)	First Name	M.I.	Date of Birth
<input type="checkbox"/> A <input type="checkbox"/> T <input type="checkbox"/> C	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Last Name (dependent)	First Name	M.I.	Date of Birth
<input type="checkbox"/> A <input type="checkbox"/> T <input type="checkbox"/> C	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Last Name (dependent)	First Name	M.I.	Date of Birth
<input type="checkbox"/> A <input type="checkbox"/> T <input type="checkbox"/> C	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Last Name (dependent)	First Name	M.I.	Date of Birth
<input type="checkbox"/> A <input type="checkbox"/> T <input type="checkbox"/> C	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Last Name (dependent)	First Name	M.I.	Date of Birth

PLEASE INDICATE DESIRED COVERAGE AND S125 CAFETERIA PLAN PREFERENCE.

(Indicate with an "X")

☐ Employee Only \$9.81 ☐ Employee + One \$18.51 ☐ Employee + Family \$27.12

Pre-tax _____ After-tax _____ (Indicate with an "X")

I hereby authorize and direct my employer, BISD, to deduct the premium for this voluntary insurance policy from my pay on either a pre-tax or after-tax basis, as indicated above. I understand my salary deduction may vary from the amount indicated above due to the number of pay periods I have for the year and/or my pay frequency. I further authorize automatic adjustments in my salary deduction in the event that the cost of the coverage increases in the future. I also understand that this coverage will not take effect until the policy has been issued by DAVIS VISION and that any deductions made from my pay on a pre-tax basis cannot be cancelled or changed during my employer's section 125 cafeteria plan year, unless the revocation and new election are on account of and consistent with a change in status, or as otherwise allowed under IRS regulations.

Employee Signature: _____ Date: _____

Instructions

Family Information: List only eligible family members who are enrolling. Dependent eligibility is the same as employer's health plan.

(A) **Add:** To add individual to coverage.

(T) **Terminate:** To terminate enrollment.

(C) **Change:** A change of name, employee address or employee phone.

FOR INTERNAL USE ONLY:

EFFECTIVE DATE: _____

COBRA DATE: _____

CLIENT CODE: **2194** _____