



**BlueCross BlueShield of Illinois**

# Employer-Paid Group Benefits Vision Proposal

Prepared for

Winning Wheels Inc

Proposal Effective Date: January 01, 2024

**Presented by your Sales Representative:**

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Vision Insurance offered by Dearborn Life Insurance Company located at 701 E. 22<sup>nd</sup> Street, Lombard, IL 60148. Blue Cross and Blue Shield of Illinois, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association. Blue Cross and Blue Shield of Illinois, EyeMed Vision Care, LLC and First American Administrators, Inc. are independent companies that offer provider network and administration services on behalf of Dearborn Life Insurance Company. Blue Cross and Blue Shield of Illinois, Vision Care reserves the right to make changes to the products on each tier and the member out-of-pocket costs. Fixed pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels. Premium progressives and premium anti-reflective designations are subject to annual review by EyeMed's Medical Director and are subject to change based on market conditions. Not available in all states. Some provisions, benefits, exclusions or limitations listed herein may vary.

# Vision Benefits Made Easy

Vision benefits should enhance your life, not complicate it. That's why we are working with EyeMed to bring you vision benefits that deliver more.

## Freedom of choice

Our vision benefit packages give employees the freedom to choose at any in-network provider.

- NO limiting frame towers
- NO unnecessary restrictions
- NO confusing formularies
- ANY frame
- ANY lens
- ANY contacts

## Network

With the right combination of retail and independent doctors, members will have access to providers with weekend and evening hours. Plus, members can access their benefits, view their claims and request ID cards from our website. Also, benefits can be applied online at Glasses.com—providing access to a huge selection of frames and lenses with 3-D virtual try-on technology. Members can shop right from their homes.



## Benefits Beyond the Medical Plan

At Blue Cross and Blue Shield of Illinois (BCBSIL), our commitment to stand with our members goes beyond medical coverage. While quality health insurance is a cornerstone of our members' financial security strategy, a complete financial protection plan needs to go further. To help secure our members' financial well-being, BCBSIL offers supplemental products to complement your medical program and provide additional financial protection for members and their families.

Our broad selection of insurance products covers many markets—Voluntary and Employer-Paid Group Benefits, along with a wide array of enhanced product services. We serve groups and individuals, including some of the largest companies and most recognized names in the United States.

### Strong Ratings

Our ratings speak to our commitment to managing our business well and remaining financially strong. Insurance products proposed by BCBSIL in this proposal are underwritten by Dearborn Life Insurance Company, which is rated **A (Excellent)**<sup>1</sup> by A.M. Best Company and **A+ (Stable)**<sup>2</sup> by Standard & Poor's for financial strength in its most recent report.

<sup>1</sup> Affirmed October 12, 2022. A.M. Best Company rates the overall financial results of a company using a scale of A++ (Superior) to F (In Liquidation).

<sup>2</sup> Affirmed December 15, 2022. Standard & Poor's Insurer Financial Strength Rating uses a scale ranging from AAA (Extremely Strong) to R (Experienced Regulatory Action).

# Group Vision Insurance Benefit Summary

**Eligibility:** All Active Full-Time Employees

Dependent coverage is available until age 26

**Vision plan:** 8-12/12/24 \$130 300B

Vision Care Service	In-Network Member Cost	Out-of-Network Reimbursement
Exam with dilation as necessary	\$10 copay	Up to \$30
<b>Frequency</b>		
Examination	Once every 12 months	
Lenses or contact lenses	Once every 12 months	
Frame	Once every 24 months	
<b>Exam options</b>		
Contact lens fit and follow up	Up to \$40 for standard; 10% off retail price for premium	N/A
<b>Frames</b>		
Any available frame at provider location	\$0 Copay/\$130 Allowance/20% off balance over \$130	Up to \$65
<b>Standard Plastic Lenses</b>		
Single vision	\$25 copay	Up to \$25
Bifocal	\$25 copay	Up to \$40
Trifocal	\$25 copay	Up to \$55
Lenticular	\$25 copay	Up to \$55
Standard progressive lens	\$90 copay	Up to \$40
Premium progressive lens	See table on page 2	Up to \$40
<b>Lens options</b>		
UV treatment	\$15	N/A
Tint (solid and gradient)	\$15	N/A
Standard plastic scratch coating	\$0	Up to \$5
Standard polycarbonate - adults	\$40	N/A
Standard polycarbonate - kids under 19	\$0	Up to \$5
Standard anti-reflective coating	\$45	N/A
Polarized	20% off retail price	N/A
Photochromatic/transitions plastic	\$75	N/A
Premium anti-reflective	See below table	N/A
<b>Contact lenses (contact lens allowance includes materials only)</b>		
Conventional	\$0 copay/ \$130 Allowance/ 15% off balance	Up to \$104
Disposable	\$0 copay/ \$130 Allowance/ Plus balance over \$130	Up to \$104
Medically necessary	\$0 copay, Paid in full	Up to \$210
<b>Other</b>		
Lasik or PRK from U.S. Laser Network	15% off retail price or 5% off promotional price	N/A
Additional pairs benefit:	Members also receive a 40% discount off complete pair eyeglass purchase and a 15% discount off conventional contact lenses once the funded benefit has been used.	N/A

# Group Vision Insurance Benefit Summary (continued)

Progressive price list*	Member cost in-network
<b>Standard progressive</b>	\$90 copay
<b>Premium progressives as follows:</b>	
Tier 1	\$110
Tier 2	\$120
Tier 3	\$135
Tier 4	\$90 copay, 80% of charge less \$120 Allowance
Anti-reflective coating price list*	Member cost in-network
<b>Standard anti-reflective coating</b>	\$45
<b>Premium anti-reflective coatings as follows:</b>	
Tier 1	\$57
Tier 2	\$68
Tier 3	80% of charge
Other add-ons price list	Member cost in-network
Photochromic (plastic)	\$75
Polarized	80% of charge

Blue Cross and Blue Shield of Illinois reserves the right to make changes to the products on each tier and the member's out-of-pocket costs.

\*Fixed pricing is reflective of brands at the listed product level. All providers are not required to carry all brands.

# Group Vision Insurance Group Rate

**Vision plan:** 8-12/12/24 \$130 300B

**Proposed effective date\*:** January 01, 2024

	Monthly cost
Employee only	\$5.97
Employee and spouse	\$11.34
Employee and child(ren)	\$11.94
Family	\$17.55

**Rate guarantee period:** 48 months

*\*Quote valid for two months following the proposed effective date*

**Commission percentage\*:** 10%

*\*Commission percentage does not include any overrides, additional incentives or fees, if applicable.*

**IMPORTANT NOTES:**

This proposal is subject to exclusions and limitations in the policy issued by us. In addition, if coverage was in force prior to the effective date of coverage, the rates quoted are subject to revisions based on acceptance and review of the in-force carrier's policy.

Membership must be submitted 30 days prior to the effective date.

Premium is subject to adjustment even during a rate guarantee period in the event of any of the following events: changes in benefits, employee contributions, the number of eligible employees or the imposition on any new taxes, fees or assessments by Federal or State regulatory agencies.

Member reimbursement out-of-network will be the lesser of the listed amount or the member's actual cost from the out-of-network provider. In certain states, members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see the online provider location to determine which participating providers have agreed to the discounted rate.

# Exclusions

No benefits will be paid for services or materials connected with or charges arising from:

- Orthoptic or vision training, subnormal vision aids and any associated supplemental testing; aniseikonic lenses;
- Medical and/or surgical treatment of the eye, eyes or supporting structures;
- Any eye or vision examination, or any corrective eyewear required by a policyholder as a condition of employment; safety eyewear;
- Services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof;
- Plano (non-prescription) lenses and/or contact lenses;
- Non-prescription sunglasses;
- Two pair of glasses in lieu of bifocals;
- Services or materials provided by any other group benefit plan providing vision care;
- Certain name brand vision materials for which the manufacturer maintains a no-discount practice;
- Services rendered after the date an insured person ceases to be covered under the policy, except when vision materials ordered before coverage ended are delivered, and the services rendered to the insured person are within 31 days from the date of such order;
- Lost or broken lenses, frames, glasses or contact lenses will not be replaced except in the next benefit frequency when vision materials would next become available.

## Enrollment maintenance

All initial enrollees as of the effective date are eligible to enroll.

On a standard basis, benefits for new hires are subject to a 30-day waiting period (this will be confirmed at the time of sale).

**Billing:** Premium is due the 1<sup>st</sup> day of each month. The grace period is 31 days.

**Printing costs:** The quote assumes the cost of printing standard claim forms and standard enrollment kits and identification cards.

## Underwriting considerations for group vision

The rates contained within the proposal assume that the Employer is paying 50% or more of the employee premium.

Employees must be legally working in the United States in order to be eligible for coverage. This insurance policy must be purchased by and issued to the U.S. parent company customer located in the United States. If there are employees who are residents of Canada, we must be advised before the point of sale so that we can ensure compliance with the laws of Canada.

This proposal provides only basic information on the features of the policy. It is not intended to be a complete representation of all terms and conditions of the contract. A complete listing of the terms, conditions, limitations, exclusions and reduction of benefits is available upon request. In the event of conflict between this proposal and the policy, the terms of the policy will govern.

Product features and provisions may be slightly different due to state requirements. When sold, the actual policy for the state in which the policy is issued will reflect the state's requirements.

This proposal illustrates the cost of the insurance program and is based upon the information submitted by you. Actual cost will be determined after an application has been accepted and will depend upon data obtained when the program becomes effective.