



Small Group ACA Renewal Composite Rates

Group Name: TEMPLE FEED & SUPPLY

Quote ID: 0111879-01
Effective Date: 10/1/2025
Broker: Neely Jones

County of Group: Bell
Rating Area: 11
Region: CTX

	EE	ES	EC	EF	Total Monthly Premium
Eyewear Rider	12.49	24.98	24.98	37.47	\$137.39
Notes: Not available for HSA Plans					

Final Composite Rates are subject to change dependent upon the Enrolled Census

This quote is conditional and is given for illustration purposes only. Final acceptance and rates will be determined by Baylor Scott & White Health Plan after enrollment. Rates are guaranteed for 12 months for the contract period of 10/1/2025 through 9/30/2026. All ACA Metallic Plan benefits are on a calendar year basis.

Vision and Eyewear Rider Scott & White Care Plans

Routine Eye Exam

In consideration of Required Payments, You and Your Covered Dependents are entitled to receive one (1) comprehensive eye exam from an optometrist, therapeutic optometrist or ophthalmologist every Plan Year from a Participating Provider to include medical history; visual acuities without correction (distance and near) to determine the need for corrective lenses for prescription eyewear, or the presence of vision problems. An eye examination is a complete analysis of the eyes and related structures to determine the presence of vision problems or other abnormalities. You are required to pay a Copayment as indicated below.

Prescription Eyewear

In consideration of Required Payments, You and Your Covered Dependents are entitled to one (1) of the following prescription eyewear options once every Plan Year when such eyewear is prescribed by and obtained through a Participating Provider.

- Prescription glasses which consists of glass or plastic single vision, lined bifocal, lined trifocal, or lenticular lenses (including fashion and gradient tinting, oversized glass-grey #3 prescription sunglass lenses, polycarbonate prescription lenses with scratch resistant coating, low vision items, ultraviolet protective coating, polycarbonate lenses, blended segment lenses, intermediate vision lenses, standard lenses) and frames; or
- Contact lenses.

You are required to pay a Copayment as indicated below. Copayments for eyewear are not considered Out of Pocket Expenses for purposes of meeting Your Maximum Out of Pocket.

Medical Benefit	Participating Provider Member Copayment
Routine Eye Exam	\$10 copayment
Prescription Eyewear	\$0 copayment
Prescription Eyewear Allowance	Allowance limited to \$200

Network Providers:

- 1) Baylor Scott & White Pavillion - Temple
1815 S 31st ST; Temple, TX 76504 phone: 254-724-3937
- 2) Baylor Scott & White Clinic - Round Rock 425 University
425 University Blvd; Round Rock, TX 78665 phone: 512-509-0200
- 3) Baylor Scott & White Clinic - Georgetown
4945 Williams Dr; Georgetown, TX 78633 phone: 512-819-0500