



1515 Saint Joseph Avenue
P.O. Box 8000
Marshfield, WI 54449-8000
1-800-472-2363
715-221-9555

Policy/Certificate Amendment

Vision Plan Benefit Schedule – City of Marshfield

Service	Participating Provider	Non-Participating Provider
Vision exams	Covered in full (Subject to medical deductible)	Excluded
Frames	Up to \$82 retail value	\$35
Lenses (per lens) up to eye size 58		
Single	Covered in full	\$13
Bifocal	Covered in full	\$20
Trifocal	Covered in full	\$24
Lenticular	Covered in full	\$80
Tints		
Solid tints	Covered in full	Excluded
Other tints	The amount of charge for solid tints	Excluded
Contact Lenses (per pair) (in lieu of protocols above)		
Annual exam	Covered in full	Excluded
Cosmetic lenses* (per pair)	\$100	\$50
Medical correction	Covered in full with prior approval	\$100
Frequency of Services		
Vision exams	Once each 12 months	
Lenses	Once each 24 months without a prescription; once each 12 months with a prescription change	
Frames	Once each 24 months	
Contact lenses	Once each 24 months without a prescription; once each 12 months with a prescription change (if conventional frames and lenses were not paid in same 12/24 month period)	

*Payable only if frames and conventional lenses were not paid in the same 12/24 month period.

Participating Providers	Address	Phone
Eyecare Center of Marshfield	605 E. 4th St., Marshfield, WI 54449	715-387-6397
Eye Wear Designs	117 W. Upham St., Marshfield, WI 54449	715-387-2773
Marshfield Clinic Optical	1000 N. Oak Ave., Marshfield, WI 54449	715-387-5236
Marshfield Eye Center	409 N. Chestnut Ave., Marshfield, WI 54449	715-387-1844
Shopko Optical	1306 N. Central Ave., Marshfield, WI 54449	715-387-8608