

# City of Marshfield

## Vision Insurance Benefit Comparison

Effective Date: 1/01/2013

Vision Carrier	Securit	y Health Plan	National Vision Administrators	
	Attached	l to Health Plan	Stand Alone Product	
Plan Name	Curren	t Vision Plan	Proposed Plan	
Network	5 Marshfield Pro	viders - See Schedule	NVA Statewide Network	
Frequency Limitations				
Lenses	Once Every	12 Months, if RX Chg	Once Every 12 Months	
	Once Every 24 Months, if No Chg			
Frame	Once Every	24 Months	Once Every 24 Months	
Contact Lenses	Once Every	12 Months, if RX Chg	Once Every 12 Months	
		24 Months, if No Chg		
Deductible	M	aterials	Materials	
		None	None	
Copayment	M	aterials	Materials	
		None	None	
Frame Benefit				
		<u>Up To</u>		<u>Up To</u>
Frames Up To	Covered in Full	\$82 Max In Network	Covered in Full	\$82 Max In Network
		\$35 Max Non Network		\$35 Max Non Network
Lone Bonefit	(Clear, Standard, Glass, or Plastic)		(Claser Standard Class or Planti-)	
Lens Benefit	(Clear, Standa		(Clear, Standard, Glass, or Plastic)	
a		<u>Retail Value To</u>		<u>Retail Value To</u>
Single Vision	Covered in Full	Unlimited In Network	Covered in Full	Unlimited In Network
DifI	Commend to Full	\$13 Max Non Network	Carrana dia Full	\$13 Max Non Network
Bifocal	Covered in Full	Unlimited In Network	Covered in Full	Unlimited In Network
Trifocal	Covered in Full	\$20 Max Non Network Unlimited In Network	Covered in Full	\$20 Max Non Network Unlimited In Network
ITIIOCai	Covered in Full		Covered in Full	
Lenticular	Covered in Full	\$24 Max Non Network Unlimited In Network	Covered in Full	\$24 Max Non Network Unlimited In Network
Lenticular	Covered III Full		Covered in Full	
Ontions	\$80 Max Non Network		\$80 Max Non Network	
Contact Lenses Benefit	Options Solid Tints Covered in Full In Network Only		Tints Covered in Full In Network Only	
Common London Delicin		Retail Value To		Retail Value To
Medically Necessary w PreAuth	Covered in Full	Unlimited In Network	Covered in Full	Unlimited In Network
Wiedically Weecssary WilleAuth	Covered III I dii	\$100 Max Non Network	Covered in ruii	\$100 Max Non Network
Elective	Covered in Full	\$100 Max In Network	Covered in Full	\$100 Max In Network
Licetive	covered in ruin	\$50 Max Non Network	Covered in ruii	\$50 Max Non Network
	·		Covered in Full In Network; Non Network: \$20	
Evaluation & Fitting	Covered in Full In Network Only		Max Daily Wear & \$30 Extended Wear	
In lieu of Spectacle Lenses	Yes		Yes	
in hea of speciacie Lenses	163			103

While every effort is made to illustrate the carriers' various benefits, discrepancies or errors are possible. In the event of an error, the actual product brochure furnished by the insurance carrier and approved by the Commissioner of Insurance will prevail. The master contract and policyholder certificates are more detailed and should be used for the determination of benefits. All plans will comply with state and/or federal requirements with regard to nervous and mental benefits.

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# City of Marshfield

## Vision Insurance Provider Comparison

Effective Date: 1/01/2013

Vision Carrier	Security Health Plan	National Vision Administrators	
	Attached to Health Plan	Stand Alone Product	
Plan Name	Current Vision Plan	Proposed Plan	
Network	5 Marshfield Providers	NVA Network	
Marshfield Providers	In Network (Yes / No)	In Network (Yes / No)	
Eyecare Center of Marshfield	Yes	Yes	
605 E. 4th Street		1.03	
Eye Wear Designs	Yes	Yes	
117 W. Upham Street			
Marshfield Clinic Optical	Yes	No	
1000 N. Oak Avenue			
Marshfield Eye Center	Yes	No	
409 N. Chestnut Avenue			
Shopko Optical	Yes	Yes	
1306 N. Central Avenue			
WalMart Vision Center	No	Yes	
2001 N. Central Avenue			
Statewide Network, Including	Not Available	Available	
but not Limited to:	NOT/Wallable	/ Wallabic	
Kathi Leach, OD	No	Yes	
412 Third Street, Mosinee			
Shopko Optical	No	Yes	
1800 Plover Rd., Plover			
WalMart Vision Center	No	Yes	
250 Crossroads Dr., Plover			
Eye Clinic of Wisconsin	No	Yes	
3401 Stanley St., Stevens Point			
Ronald Kuehl, OD	No	Yes	
1324 Center Point Dr., Stevens Point	.,		
Sterling Optical (Rollins Eyecare)	No	Yes	
200 Division St., Stevens Point	No	Voc	
Shopko Optical	No	Yes	
1100 E. Riverview Expy, Wis. Rapids	No	Voc	
Thomas Raabe, OD 132 E. Grand Avenue, Wis. Rapids	NO	Yes	
Central WI Eye Clinic	No	Yes	
400 Dewey Street, Wis. Rapids	NO	les	
Downs Eye Care	No	Yes	
1730 7th Street S., Wis. Rapids	110	163	
Becker Vision Center	No	Yes	
2411 Third St., Wis. Rapids			
WalMart Vision Center	No	Yes	
4331 8th St. South, Wis. Rapids	-		
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#### FIXED PRICING ON LENS OPTIONS

LENS OPTIONS	Fixed Fees	LENS OPTIONS	FIXED FEES
Polycarbonate SV	\$25.00	Glass Photogrey SV	\$20.00
Polycarbonate BI	\$30.00	Glass Photogrey BI	\$30.00
Polycarbonate TRI	\$30.00	Glass Photogrey TRI	\$30.00
Transitions SV	\$65.00	Scratch-Resistant Coating(Standard)	\$10.00
Transitions BI	\$70.00	UV Coatings	\$12.00
Transitions TRI	\$70.00	Polarized	\$75.00
Anti-Reflective Coatings(Standard)	\$40.00	High Index	\$55.00
Progressives(Standard)	\$50.00	Blended Bifocals(Segment)	\$30.00

Note: Fixed prices are available in-network only. Members receive a 20% courtesy discount on lens options not listed above. Fixed prices/courtesy discount do not apply at Wal-Mart/Sam's Club locations.

DISCOUNTED SERVICES INCLUDED	
MAIL ORDER CONTACT LENS	See NVA Value-Added Services at No Additional Cost section on the subsequen
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# MAIL ORDER CONTACT LENS REPLACEMENT PROGRAM See NVA Value-Added Services at No Additional Cost section on the subsequent page for more details about the NVA Mail Order Contact Lens Replacement Program Extensive discounts at participating LASIK ECPs

#### NVA EYEESSENTIAL<sup>SM</sup> PLAN

After the enrolled member has exhausted their funded benefit, they are eligible to access the EyeEssential<sup>SM</sup> Plan discount on additional purchases during the plan period.

**NVA introduces the EyeEssential**<sup>SM</sup> **Discount Plan** – a low cost, member-friendly vision plan which includes significant discounts on materials through participating NVA network ECPs. Below is the plan design.

Service or Material	Member Cost			
COMPREHENSIVE VISION EXAMINATION (INCLUDING DILATION AS	Balance after \$10 Discount			
PROFESSIONALLY INDICATED)				
LENSES	STANDARD GLASS OR PLASTIC			
SINGLE VISION	\$35.00			
Bifocal	\$55.00			
Trifocal	\$70.00			
Lenticular	\$70.00			
LENS OPTIONS				
UV COATING	\$12.00			
TINT (SOLID & GRADIENT)	\$12.00			
SCRATCH RESISTANT COATING (STANDARD)	\$15.00			
Polycarbonate (Standard)	\$35.00			
Anti-Reflective Coating (Standard)	\$45.00			
Polarized	\$75.00			
Transitions	Single Vision - \$65.00			
	Bifocal & Trifocal – \$70.00			
Progressive (Standard)	\$50.00 + Bifocal/Trifocal Charge			
OTHER ADD-ON SERVICES	20% off retail			
FRAMES (Any eligible frame at ECP's location)	35% off retail			
CONTACT LENSES (Discount does not apply at Contact Fill)				
Conventional	15% off retail price			
DISPOSABLE	10% off retail price			
FITTING AND FOLLOW UP	10% off retail price			
Please Note: The NVA EyeEssential <sup>SM</sup> Plan is an in-network benefit only. Benefit frequencies are unlimited. EyeEssential <sup>SM</sup> Discount Program prices do not apply at				
DISPOSABLE FITTING AND FOLLOW UP	10% off retail price 10% off retail price unlimited. EyeEssential <sup>SM</sup> Discount Program prices do not appl			



#### **EXCLUSIONS**

Standard Exclusions unless otherwise identified in the Proposed Schedule of Benefits

The following are not payable under this Policy unless otherwise indicated in the Proposed Schedule of Benefits:

- 1. Professional services and/or materials in connection with: Plano (non-prescription) lenses; Aniseikonic Lenses; Subnormal visual aids; Orthoptics, vision training, developmental vision procedures, and any associated supplemental testing
- 2. Broken, lost or stolen lenses, contact lenses, or frames. NVA network eye care professionals (ECP) may offer additional warranties to cover materials.
- 3. Services or materials, which are payable under any workers' compensation act, similar law or any public program, other than Medicaid.
- 4. Services or materials rendered by an ECP other than ophthalmologists, optometrists, or opticians acting within the scope of their licensure.
- 5. Any additional service required outside basic vision analysis for contact lenses, including but not limited to fitting fees, unless otherwise specified in the Proposed Schedule of Benefits.
- 6. Services rendered after the date a fixed rate insured person ceases to be covered under this policy, except when vision materials ordered before coverage ended are delivered and the services rendered to the fixed rate insured person within 31 days from the date of such order.
- 7. Corrective eyewear required by an employer as a condition of employment, and safety eyewear unless specifically covered under plan.
- 8. Medical and/or surgical treatment of the eye, eyes or supporting structures.
- 9. Two pairs of glasses in lieu of bifocals.