



Vision Plan Comparison

Oakridge Public Schools All Employees

DISCLAIMER: This document is a summary of certain plan features. It should not be interpreted as a complete comparison of the products represented.

Name	CURRENT PLAN		Option 1	Option 2
	All Employees MESSA VSP Plan 3 Plus 7/1/2014-6/30/2015 Benefit Allowance	100%	NVA Vision Plan NVA 7/1/2015-6/30/2019 Benefit Allowance	MetLife Vision Plan MetLife 7/1/2015-6/30/2017 Benefit Allowance
Purchased Plan Features				
Optometrist Exam	100%		100%	100% after \$10.00 copay
Ophthalmologist Exam	100%		100%	100% after \$10.00 copay
Regular Lenses	100%		100%	100% after \$25.00 copay
Bifocal Lenses	100%		100%	100% after \$25.00 copay
Trifocal Lenses	100%		100%	100% after \$25.00 copay
Lenticular Lenses	100%		100%	100% after \$25.00 copay
Frames	\$80			\$130 allowance (20% off any amount that you pay over your allowance. This offer is available from all participating locations except Costco)
Necessary Contacts	100%		100%	100% after \$25.00 copay
Cosmetic Contacts	100%			
Exam Copay	\$0.00		\$0.00	\$130.00 allowance
Material Copay	\$0.00		\$0.00	\$10.00
Purchased Plan Rates				\$25.00
One Person (1P)	Census 48 Rates \$10.44	Census 48 Rates \$6.91	Census 48 Rates \$6.53	Census 48 Rates \$6.53
Two Person (2P)	Census 26 Rates \$22.44	Census 26 Rates \$14.85	Census 26 Rates \$12.26	Census 26 Rates \$12.26
Family (FF)	Census 84 Rates \$33.78	Census 84 Rates \$22.36	Census 84 Rates \$17.45	Census 84 Rates \$17.45
Total Annual Premium	Census 158 Rates \$47,065	Census 158 Rates \$31,152	Census 158 Rates \$31,152	Census 158 Rates \$25,176
Estimated Cost for Benefit Increase - \$		\$8	\$15,913	\$12
				\$21,889

*NVA rates include PPACA insurer fees.

*MetLife rates include premium tax and all applicable PPACA taxes. The MI 1% claims tax is billed separately.