



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.

	CURRENT PLAN		Option 1		Option 2	
Name	All Employees		NVA Vision Plan		MetLife Vision Plan	
Carrier	MESSA VSP Plan 3 Plus		NVA		MetLife	
Rate Period	7/1/2014-6/30/2015		7/1/2015-6/30/2019		7/1/2015-6/30/2017	
Purchased Plan Features	Benefit Allowance		Benefit Allowance		Benefit Allowance	
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	
Lentiular Lenses	100%		100%		100% after \$25.00 copay	
Frames	\$80		Covered up to \$80.00 Retail Allowance (20% discount off remaining balance over \$80.00 allowance)		\$130 allowance (20% off any amount that you pay over your allowance. This offer is available from all participating locations except Costco) (\$70 frame allowance at Costco)	
Necessary Contacts	100%		100%		100% after \$25.00 copay	
Cosmetic Contacts	100%		Covered up to \$200.00 Retail Allowance (15% discount (Conventional) or 10% discount (Disposable) off remaining balance over \$200.00)		\$130.00 allowance	
Exam Copay	\$0.00		\$0.00		\$10.00	
Material Copay	\$0.00		\$0.00		\$25.00	
Purchased Plan Rates	Census	Rates	Census	Rates	Census	Rates
One Person (1P)	48	\$10.44	48	\$6.91	48	\$6.53
Two Person (2P)	26	\$22.44	26	\$14.85	26	\$12.26
Family (FF)	84	\$33.78	84	\$22.36	84	\$17.45
Total Annual Premium	158	\$47,065	158	\$31,152	158	\$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.