

## Your Vision Plan

Monroe School District offers the following vision plan:

Network	VSP	Other Licensed Vision Providers
<b>Copay Amounts</b>		
Exam		\$5
Materials		\$15
<b>Exam once every calendar year after copay</b>	Paid in full	\$60
<b>Eyeglass Lenses (pair) once each calendar year after copay</b>		
Single Vision	Paid in full	\$76
Bifocal	Paid in full	\$112
Trifocal	Paid in full	\$142
Lenticular	Paid in full	\$148
Continuous Blend	Paid in full	\$140
Lens Tinting, Coating or Oversize*	Paid in full	Not covered
<b>Frames once every 2 calendar years after copay</b>	<b>\$110</b>	\$60
<b>Cosmetic contact lenses once every 2 calendar years after copay (in lieu of frames and eyeglass lenses)</b>		\$200
<b>Medically necessary lenses (following cataract surgery or to improve vision to 20/70 or better)</b>		\$316
<b>Monthly Composite Rate</b>		\$30.10

\* Includes progressives, polycarbonates and photochromic lenses

This summary is intended to be a brief outline of the main features of the program. Details of benefit limitations and exclusions are provided in the benefit booklet.

## Comparing Medical Plan Costs

Over the last several years the state allocation has not kept pace with the increases in medical costs. Fortunately, to meet the needs of all employees Monroe School District No. 103 offers a number of medical plan options. Before choosing a medical plan, you should consider all the options and their total cost. To do this you should look at:

- The state allocation dollars available to purchase medical coverage
- Your Benefit FTE
- Your payroll contribution amounts
- Your expected use of medical services
- The differences in out-of-pocket expenses (e.g. deductibles and copays)

While you can't anticipate every medical expense, a simple comparison can help demonstrate the potential savings between plans. Let's assume a certificated employee is covering a spouse and children. In addition to routine services (5 office visits and 10 prescriptions) one family member is hospitalized for 2 days and incurs \$5,000 in hospital-related expenses. (We'll also assume that preferred providers are used and that generic drugs are dispensed at the pharmacy.)

**Example:**

	<b>Premera Blue Cross Plan 1</b>	<b>Premera Blue Cross Plan 3</b>	<b>Premera Blue Cross Plan 5</b>	<b>Group Health Cooperative</b>
Deductible:	\$50	\$200	\$100	\$0
Office Visits (5) copay:	\$100	\$150	\$75	\$50
Prescription Copay (10):	\$100	\$150	\$100	\$100
Hospital Expenses Copay (2 Days):	\$200	\$600	\$200	\$0
Coinsurance:	\$400	\$1,000	\$0	\$0
<b>Medical Cost:</b>	<b>\$850</b>	<b>\$2,100</b>	<b>\$475</b>	<b>\$150</b>
Payroll Contribution (12 months):	\$9,821.88	\$7,694.88	\$8,825.28	\$9,279.48
<b>Total Annual Cost:</b>	<b>\$10,671.88</b>	<b>\$9,794.88</b>	<b>\$9,300.28</b>	<b>\$9,429.48</b>

This comparison illustrates how changing plans could save you money.