



# Benefits Summary

Plan Year: 2023



# Our employees are our most valuable asset

At Medford Area Public Schools, we are committed to offering a comprehensive employee benefits program that helps our employees stay healthy, feel secure and maintain a work-life balance.

## Stay healthy

- Medical, dental and vision care
- Flexible spending accounts
- Health savings accounts

## Feeling secure

- Disability insurance

## Work-life balance

- Employee assistance program

## Additional Benefits

- 24/7 Nurse Line
- Care My Way
- Over-the-Counter Catalog
- Healthy Living Reimbursement
- Out-of-Area Dependent Wrap
- SHP – Premier HMO Network (map & major providers)
- Vision Care Discounts

# Benefits & Contact Information for Vendors

## Health Insurance ..... 5

Security Health Plan  
Customer Service  
PO Box 8000 – Marshfield WI 54449  
800.472.2363  
shpcsweb@securityhealth.org  
www.securityhealth.org

## Health Savings Account ..... 6

Member Choice of Financial Institution

## Dental Insurance ..... 7

Delta Dental of Wisconsin  
Customer Service/Claims  
PO Box 828 – Stevens Point WI 54481  
800.236.3712  
www.deltadentalwi.com

## Vision Insurance ..... 8

National Vision Administrators (NVA)  
Customer Service  
PO Box 2187 – Clifton NJ 07015  
800.672.7723  
www.e-nva.com

## Long-term Disability Insurance ..... 9

National Insurance Company of Wisconsin, Inc.  
250 South Executive Dr – Brookfield WI 53005  
800.627.3660

**Flexible Spending Account..... 10**

WageWorks  
Customer Service/Claims  
877.924.3967 – phone  
877.353.9236 – fax  
PO Box 14053 – Lexington KY 40512  
[www.wageworks.com](http://www.wageworks.com)

**Employee Assistance Program..... 11**

Aspirus Employee Assistance Services  
Helpline  
800.236.4457

**Additional Benefits..... 12**



# Health Insurance—Chart of benefits

Medford Schools offers two plan choices:

Services	Security Health Plan Premier HMO \$1,500/\$3,000 HDHP/HSA		Security Health Plan Premier HMO \$5,500/\$11,000 HDHP/HSA	
	Plan 1		Plan 2	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Deductible</b> - Individual - Family	\$1,500 \$3,000*	Not Applicable	\$5,500 \$11,000	Not Applicable
<b>Out-of-Pocket Max</b> - Individual - Family	\$1,500 \$3,000	Not Applicable	\$5,500 \$11,000	Not Applicable
<b>Physician Visit</b>	100% after deductible	Not Applicable	100% after deductible	Not Applicable
<b>Preventive Care</b>	100%	Not Applicable	100%	Not Applicable
<b>Emergency Room</b>	100% after deductible		100% after deductible	
<b>Hospitalization</b>	100% after deductible	Not Applicable	100% after deductible	Not Applicable
<b>Prescription Drugs</b> - Generic - Preferred - Non-Preferred	100% after deductible	Not Applicable	100% after deductible	Not Applicable

	Monthly Premiums		Support Staff Employee Premiums Per Payroll (17) 20%		Support Staff Employee Premiums Per Payroll (24) 10%		Certified & Admin Employee Premiums Per Payroll (24) 11%	
	Employee	Family	Employee	Family	Employee	Family	Employee	Family
<b>Plan 1</b> <b>\$1,500/</b> <b>\$3,000</b>	\$950.39	\$2,105.49	\$134.17	\$297.25	\$47.52	\$105.27	\$52.27	\$115.80

	Monthly Premiums		Support Staff Employee Premiums Per Payroll (17) 20%		Support Staff Employee Premiums Per Payroll (24) 10%		Certified & Admin Employee Premiums Per Payroll (24) 11%	
	Employee	Family	Employee	Family	Employee	Family	Employee	Family
<b>Plan 2</b> <b>\$5,500/</b> <b>\$11,000</b>	\$754.92	\$1,672.45	\$106.58	\$236.11	\$37.75	\$83.62	\$41.52	\$91.98

# Health Savings Account

## Who is eligible and when:

You must be enrolled in the Medford School Districts medical plan (Plan 1 or 2) to make contributions through payroll deduction on a pre-tax basis to an HSA account.

## Benefits you receive:

Health Savings Accounts (HSAs) are a great way to save money and budget for qualified medical expenses. HSAs are tax-advantaged savings accounts that accompany high deductible health plans (HDHPs). HDHPs offer lower monthly premiums in exchange for a higher deductible (the amount you pay before insurance kicks in).

## Using an HSA

An HSA is managed by the account holder, giving you the choice of when to use your HSA dollars. You can begin using your HSA money as soon as your account is activated, and contributions have been made. Contributions to your HSA can be made by anyone, including you, your employer or a family member; the combined contributions of you and your employer (and anyone else making contributions to your HSA) can not exceed the HSA maximum contribution limit. For 2023, the maximum is \$3,850 for single coverage and \$7,750 for family coverage. Individuals who are age 55 and older can also make additional "catch-up" contributions of up to \$1,000 annually.

You can use your HSA account for any purpose, including paying expenses that are not qualified medical expenses. However, you only get the tax benefits of an HSA when you use the account for [qualified medical expenses](#). If you use it for another purpose, you will be required to pay income tax on the withdrawal, and you may also be required to pay another 20% tax, unless you make the withdrawal after you reach age 65, become disabled or after your death.

Medford Schools contributes to the employee's HSA accounts on a per-payroll basis. The amounts differ depending on what medical plan you are enrolled in. The total annual contributions are as follows:

MAPS Contribution Plan 1 - \$1,500/\$3,000 HDHP		MAPS Contribution Plan 2 - \$5,500/\$11,000 HDHP	
Employee	Family	Employee	Family
\$750	\$1,500	\$2,750	\$5,500

# Dental Insurance



Delta Dental of Wisconsin

Services	Delta Dental	Coverage
<b>Preventive Services</b>	Exams, cleanings, x-rays	100%
<b>Deductible</b>	Applies to basic and major services only	\$50 – individual \$150 – family max
<b>Basic Services</b>	Fillings, simple extractions, oral surgery, root canal, crowns	100% after deductible
<b>Major Services</b>	Bridges, dentures, inlays, onlays, implants	50% after deductible
<b>Annual Maximum</b>		\$1,500
<b>Orthodontic</b>	50% up to \$1,500 individual lifetime maximum, dependents eligible to age 19, no adult ortho, deductible does not apply	\$1,500

	Monthly Premium		Employee Premiums Per Payroll (17) 20%		Employee Premiums Per Payroll (24) 10%	
	Employee	Family	Employee	Family	Employee	Family
	\$45.64	\$127.06	\$6.44	\$17.94	\$2.28	\$6.35

# Voluntary Vision Insurance



<i>Benefit Frequency</i>	<i>Participating Provider</i>	<i>Non-Participating Provider</i>
<b>Examination</b> Once Every 12 Months	<ul style="list-style-type: none"> <li>Covered 100% After \$10 copay</li> </ul>	<b>Reimbursed Amount</b> <ul style="list-style-type: none"> <li>Up to \$35</li> </ul>
<b>Lenses</b> Once Every 12 Months <ul style="list-style-type: none"> <li>Single Vision</li> <li>Bifocal</li> <li>Trifocal</li> <li>Lenticular</li> <li>Polycarbonates (under age 19)</li> </ul>	<b>Standard Glass or Plastic</b> <ul style="list-style-type: none"> <li>Covered 100% After \$25 copay</li> <li>Covered 100%</li> </ul>	<ul style="list-style-type: none"> <li>Up to \$25</li> <li>Up to \$45</li> <li>Up to \$75</li> <li>Up to \$75</li> <li>Up to \$25 (SV)</li> <li>Up to \$30 (Bi/Tri)</li> </ul>
<b>Frame</b> Once Every 24 Months	<b>Retail Allowance</b> <ul style="list-style-type: none"> <li>Up to \$160 (20% discount off balance)*</li> </ul>	<ul style="list-style-type: none"> <li>Up to \$96</li> </ul>
<b>Contact Lenses</b> Once Every 12 Months  <b>Elective Contact Lenses</b>   <b>Fit/Follow-Up***</b> Standard Daily Wear Standard Extended Wear Specialty Wear  <b>Medically Necessary****</b>	<b>In addition to Lenses &amp; Frame</b> <ul style="list-style-type: none"> <li>Up to \$160 Retail (15% discount (Conventional) or 10% discount (Disposable) off balance)**</li> <li>Covered 100%</li> <li>Covered 100%</li> <li>Covered 100%</li> <li>Covered 100%</li> </ul>	<b>In addition to Lenses &amp; Frame</b> <ul style="list-style-type: none"> <li>Up to \$120</li> <li>Up to \$20</li> <li>Up to \$30</li> <li>Up to \$50</li> <li>Up to \$200</li> </ul>
<b>Monthly Rates</b> Eff 10/01/20 thru 12/31/23	<b>Employee Only</b> \$6.96	<b>Employee + 1 or More</b> \$21.49



# Long Term Disability Insurance

## National Insurance Company of Wisconsin, Inc

Medford Area Public Schools provides full-time employees with long-term disability income benefits and pays for the full cost of this coverage. In the event that you become disabled from a non-work-related injury or sickness, disability income benefits are provided as a source of income.

	Long-term Disability
<b>Elimination Period</b>	60 consecutive calendar days – the length of time an insured employee must be continuously Totally Disabled before monthly benefits become payable
<b>Percentage of Income Replaced</b>	90% of monthly earnings
<b>Maximum Benefit</b>	Monthly maximum of \$9,000

# Standard & Limited Purpose Flexible Spending and Dependent Care

## WageWorks

Flexible spending accounts (FSAs) provide you with an important tax advantage that can help you pay for health care and dependent care expenses on a pre-tax basis. By estimating your family's health care and dependent care costs for the next year, you can lower your taxable income and save money. The current limit on salary reduction contributions to a health FSA (standard or limited purpose) offered under a cafeteria plan is \$3,050 and is applicable to both grandfathered and non-grandfathered health FSAs. This limit is indexed for cost-of-living adjustments in subsequent years.

### **Standard Health Care Reimbursement FSA – NOT enrolled in a High Deductible Health Plan that qualifies for a Health Savings Account**

This program lets Medford Area Public School's employees pay for certain IRS-approved medical care expenses with a prescription not covered by their insurance plan with pre-tax dollars. Some examples of eligible expenses include:

- Hearing services, including hearing aids and batteries
- Vision services, including contact lenses, contact lens solution, eye examinations and eyeglasses
- Dental services and orthodontia
- Chiropractic services
- Acupuncture
- Prescription contraceptives

### **Limited Purpose Health Care Reimbursement FSA - Enrolled in a High Deductible Health Plan that qualifies for a Health Savings Account**

The Limited Purpose Flex allows you to pay out-of-pocket dental, vision and medical for dependents not covered under the High Deductible Health Plan. The Limited Purpose Flex may also be used for expenses not covered by the medical plan.

A Standard or Limited Purpose FSAs can be used to reimburse out-of-pocket medical expenses incurred by you and your dependents. A dependent care FSA is used to reimburse expenses related to care of eligible dependents while you and your spouse work.

Contributions to your FSA come out of your paycheck before any taxes are taken out. This means that you don't pay federal income tax, Social Security taxes, or state and local income taxes on the portion of your paycheck you contribute to your FSA. You should contribute the amount of money you expect to pay out of pocket for eligible expenses for the plan period. If you do not use the money you contributed, it will not be refunded to you or carried forward to a future plan year. This is the use-it-or-lose-it rule.

### **Dependent Care FSA**

The Dependent Care FSA lets Medford Area Public School's employees use pre-tax dollars toward qualified dependent care such as caring for children under the age 13 or caring for elders. The annual maximum amount you may contribute to the Dependent Care FSA is \$5,000 (or \$2,500 if married and filing separately) per calendar year.

# Employee Assistance Program-EAP

## Aspirus Employee Assistance Services (EAS)

Medford Area Public Schools has invested in the wellbeing of you and your household members by offering face-to-face confidential counseling services from Aspirus Employee Assistance Services (EAS). This benefit is provided at no cost to you, is confidential and easily accessible.

At times we all have day-to-day challenges in both our work and personal lives. The Aspirus EAS staff are skilled, licensed professional counselors who can help you sort through your concerns and explore possible solutions. After an initial meeting to understand your needs, your counselor will work with you to develop a course of action for dealing with your concerns.

This service is short term (up to 8 sessions-per same episode of need) and includes, but is not limited to, work/family balance, stress management, marital/family matters, children & adolescents and alcohol/drug abuse addictions. For those needing long-term counseling, referrals will be made to a provider or providers that will help with your needs.

Privacy is assured! All communication with an Aspirus EAS counselor is confidential. No information about you or the nature of your personal situation is provided the District and we will not release any medical information without your specific written consent.

Helpline access is available 24 hours/day; 7 days/week; 365 days/year through a toll-free number (800-236-4457). Callers have access to an on-call counselor who will evaluate their immediate need and identify options.

# Other Benefits

(Must be enrolled in one of the Security Health medical plans)

## 24-hour Nurse Line

You may call Security Health Plan's 24-hour Nurse Line at 1-800-549-3174, 7 days a week, including holidays, to connect with a registered nurse who can help answer many of your health care questions. The registered nurse will provide advice for seeking care or instructions for care at home.

## Care My Way<sup>®</sup>

Symptoms of certain minor illnesses can be all too familiar, but a trip to the doctor's office can take time and energy you don't have. Call Care My Way instead. For many common health conditions, you can talk to one of our nurse practitioners who can verify your symptoms and, if needed, call a prescription into the network pharmacy of your choice – saving you time and hassle. Most members of Security receive unlimited visits with Care My Way covered with no out of pocket costs\*. For a complete list of conditions Care My Way can treat, and more information about the service, visit [www.securityhealth.org/CareMyWay](http://www.securityhealth.org/CareMyWay). Care My Way services are available 24 hours a day, 7 days a week, in all 50 states. Search for the mobile app on your mobile device.

\*If a prescription is needed, this will be subject to your benefit plan provisions.

## Over-the-Counter (OTC) Drug Catalog

Security Health Plan partners with a national provider of Over-the-Counter drugs, personal care, and daily living products. Each eligible plan subscriber receives a quarterly OTC credit of \$30 to purchase select health and wellness products through the OTC Drug Catalog. The credit expires at the end of each quarter. Any unused credit will not carry over to the next quarter. You may place one order per quarter. Orders are delivered with free shipping to your home address.

### Ordering deadlines:

Quarter 1: Jan. 1 – March 31

Quarter 2: April 1 – June 30

Quarter 3: July 1 – Sept. 30

Quarter 4: Oct. 1 – Dec. 31

Orders can be placed online through your employee portal, mail, or phone. Questions or to order by phone, please call Security Health Plan Over-the-Counter Service at 877-216-8533. Monday-Friday 8am to 5pm.

# Other Benefits

(Must be enrolled in one of the Security Health medical plans)

## Healthy Living Reimbursement Benefit

Security Health Plan offers reimbursement for members who engage in approved health activities, subject to the provisions set forth in this amendment. Members are eligible for a reimbursement of up to \$100 per member per calendar year, with a maximum of \$200 per family. **Members cannot be reimbursed for more than the cost incurred (including applicable taxes and shipping and handling fees) for memberships, classes, and equipment.**

Activities and equipment that may be eligible for reimbursement:

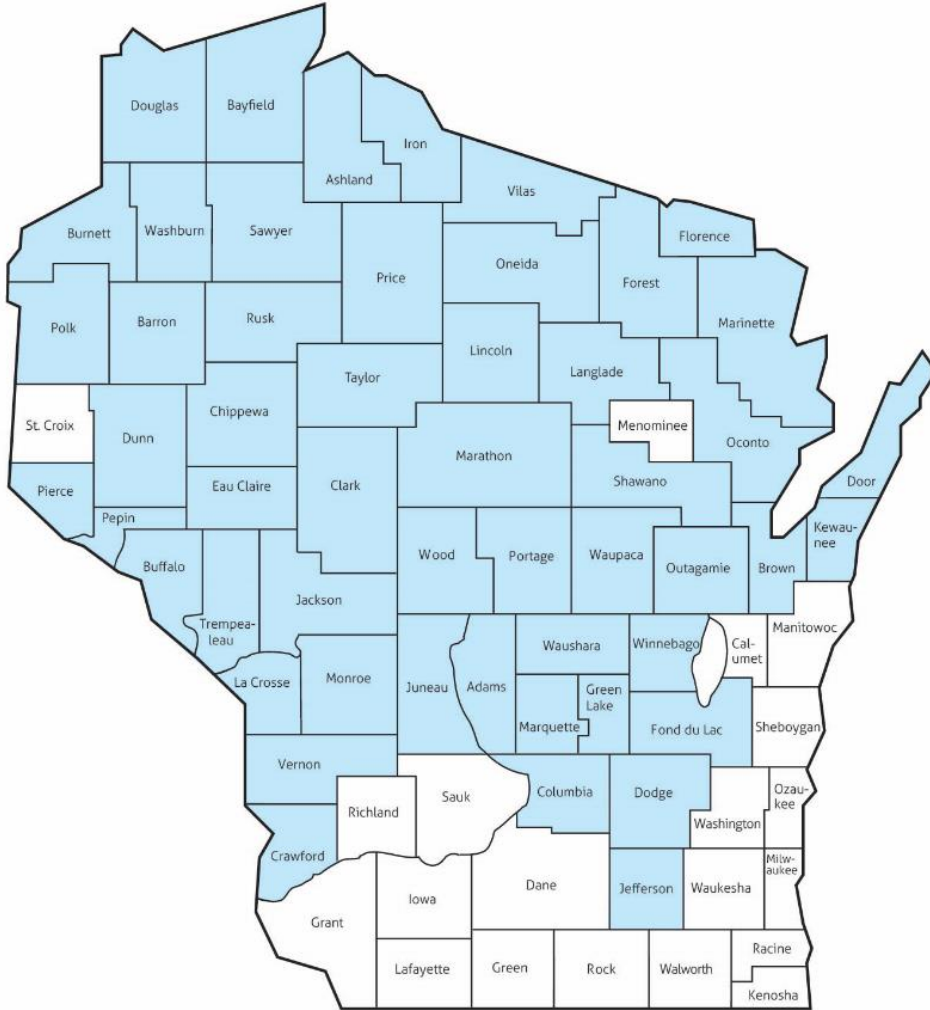
- Nutrition or wellness class
- Gym or health club membership
- Exercise class or personal trainer
- Weight-loss program
- Adults only (age 18 years and older): Swim instruction or water exercise class
- Online fitness memberships (i.e. Beachbody, Weight Watchers Online)
- Home exercise equipment that provides a total-body workout
  - Equipment must be new and purchased from a retail company
  - Treadmills, stationary cycles, bike stands (to convert road bike to stationary cycle), stair climbing machines, elliptical machines, rowing machines, cross-country ski machines, total body weight resistance machines

## Out-of-Area Dependent Wrap

Security Health Plan is taking steps to ensure your covered spouse or children's claims are processed correctly while he or she is residing outside the service area. They need an Out-of-Area Dependent Wrap Verification form completed on every dependent living outside the service area to make sure any medical services your covered spouse or children receives while outside of the service area will be processed as if the services were incurred in the service area, which is a better benefit to you.

# Security Health Plan Network

## Premier HMO – Major Provider Systems




## Other Benefits

(Must be enrolled in the Delta Dental Plan)

### Vision Care Discount

Your Delta Dental plan comes with a **free** Vision Discount Program add-on. Save on exams, eyewear, contacts and even laser vision correction just for being a dental member.

Vision Discount Program	 Member Benefit
Exam (with dilation as necessary)	\$5 off comprehensive exam/ \$5 off contact-lens exam
<b>Complete Pair of Glasses</b> The following discounts and fees for frames, lenses, and lens options apply only if a complete pair is purchased in the same transaction. Items purchased separately will be discounted 20% off of the retail price.	
Frames (any frame available at provider location)	35% off retail price
<b>Single Plastic Lenses (including standard scratch coating)</b> Single-Vision Bifocal Trifocal	Member Pays: \$50 \$70 \$105
<b>Lens Options</b> UV Coating Tint (solid and gradient) Standard Polycarbonate Standard Anti-Reflective Coating Standard Progressive (add-on to bifocal)	Member Pays: \$15 \$15 \$40 \$45 \$65
Conventional Contact Lenses (materials only)	15% off retail price
Laser Vision Correction (LASIK or PRK)	15% off retail price or 5% off promotional price
Frequency (Exams, frames, lenses, and contact lenses)	Unlimited



#### find a vision provider

Visit [www.deltadentalwi.com/provider-search/vision](http://www.deltadentalwi.com/provider-search/vision)  
or call 866-246-9041



# Vision Care Discount

Your dental plan from Delta Dental comes with a **free** Vision Discount Program.

Delta Dental of Wisconsin has chosen EyeMed Vision Care® as the network provider for your vision care discount program. This is not insurance, but a discount plan that provides:

- Overall savings up to 35 percent.
- Access to thousands of private practice and retail providers nationwide, including LensCrafters®, Sears Optical®, Target Optical®, Shopko Optical®, and most Pearle Vision® locations.
- Choice of any product, including designer brand-name frames (certain brands impose a no-discount policy and the frame discount is not available).
- Savings on laser vision correction.
- Replacement contact lenses by mail.

## accessing your benefits

Receiving your vision care discount is easy. Simply:

1. Locate an EyeMed Vision Care provider using the provider search on our website at [www.deltadentalwi.com/provider-search/vision](http://www.deltadentalwi.com/provider-search/vision), or by calling EyeMed at **866-246-9041** (toll-free).
2. When scheduling your appointment, inform the office that you are an EyeMed member with a Delta Dental discount plan.
3. When you arrive for your appointment, present the enrollee card below to receive services.



This is a discount plan. It is not insurance. This discount plan may not be combined with any other discounts, promotional offers, or insurance coverage, and does not apply to EyeMed provider's professional services, or contact lenses.

## Vision Care Discount Program Enrollee Cards

(Please detach cards for use)

**EyeMed Group Number:** 9231093  
**Group Name:** Delta Dental Vision Discount Program  
**Member Name:** \_\_\_\_\_

For provider information, go to [www.deltadentalwi.com/provider-search/vision](http://www.deltadentalwi.com/provider-search/vision), or call EyeMed Vision Care at 866-246-9041.

**This is a discount plan. It is NOT insurance.**

**EyeMed Group Number:** 9231093  
**Group Name:** Delta Dental Vision Discount Program  
**Member Name:** \_\_\_\_\_

For provider information, go to [www.deltadentalwi.com/provider-search/vision](http://www.deltadentalwi.com/provider-search/vision), or call EyeMed Vision Care at 866-246-9041.

**This is a discount plan. It is NOT insurance.**



# Other Benefits

*(You do not need to be enrolled in any of the benefit options to have this discount)*

## HealthView Vision Care



Welcome to HealthView Vision Care Plan. Please read the following regarding the discounts available to you and your immediate family members. If you have questions that are not answered here, please contact our office.

**10% discount on dress eyewear and sunwear frames and lenses.**

*(Sale items, safety eyewear, special value packages and select brands are excluded)*

**10% discount on prescription and non-prescription sunglasses**

**10% discount on Lasik Procedures through TLC Vision Advantage Program.**

Employees need to present their HealthView Vision Care Plan card at the time of purchase to receive the benefits stated in this plan. Professional fees will not be discounted. May not be used in conjunction with another discount.

### Frequently Asked Questions...

• **HealthView Vision Care Plan is free to employees? There's no charge at all?** There is no cost to the employee or employer for the HealthView Vision Care Plan, it is underwritten by the participating providers.

• **What is my discount and what does it cover?**

Your HealthView Vision Care Plan Card can be used through our provider network for:

- **10% discount on dress eyewear and sunwear frames and lenses**  
*(Sale items, safety eyewear, special value packages and select brands are excluded.)*
- **10% discount on prescription and non-prescription sunglasses**
- **10% discount on Lasik Procedures through TLC Vision Advantage Program.**  
*(For questions on your benefits or provider network see reverse of this sheet)*

• **Is there a warranty on my eyewear?** Yes. Your frame, lenses and anti-reflective choices all offer warranties, with a minimum of 1 year. Some options offer longer warranties. Contact lens warranty/guarantees are subject to the manufacturer. Please ask the staff when making your choices.

• **Does this replace what vision plan we have now?** HealthView Vision Care Plan is offered to you at 'No Cost', and it gives you the ability to save on qualified vision care purchases. YOU CAN USE your HealthView Vision Care Plan with FLEX PROGRAMS or VISION PLANS that require you, the participant, to file paperwork for reimbursement.

Individual items or purchases that are covered by other insurance or vision care plans accepted by the clinic are not eligible for further discounts by the HealthView Vision Care Plan. ADDITIONAL ITEMS purchased at anytime are eligible for HealthView Vision Care Plan Discount. If you have a question on the use of your card, you are encouraged to call the participating provider in your area for clarification.


• **How does the card work?** It's important employees and dependent family members show their HVVCP card at the time of the appointment, so the provider is aware of your membership in the plan.

• **Can I use this program for my glasses and contacts?** HealthView Vision Care Plan discount is good on any dress eyewear or sunwear, frames and lenses. It's also good on non disposable contact lenses, excluding disposable contacts which are already pre-priced at a discount.

• **Can I use the card more than once?** There is no limit on the number of times you or a family member can use the discount card. If you wish to purchase sunglasses, eyeglasses, and contacts, you will receive the discount on all three, and so will your dependent family member.

• **What if I lose my card, or it goes through the wash?** Replacement cards are available through the Payroll/Benefits Administrator of your employer.

*The HealthView Vision Care Plan Discount is designed to cover the items stated above not paid for by your current insurance. Not valid on previous purchases or purchase of gift certificates or with any other coupons or discounts; not redeemable for optical credit or cash.*

HEALTHVIEW VISION CARE PLAN	
Plan: 793	Medford Area Public Schools
Date: 5/1/2007	<i>(Employee Signature)</i>
 10% off frames, lenses, anti-reflective 10% off prescription and non-prescription sunglasses 10% off Lasik Surgery through TLC Advantage Program Covers the employee, their spouse and children For plan or provider information see reverse of this card	



provider network....

CHIPPEWA FALLS...Cardinal Family Eye Care	Dr. Ryan Belzung, Dr. Jacob Vergin - 509 East South Avenue	(715) 726-9077
CLEAR LAKE...Kivlin Eye Clinic	Dr. James Kivlin - 370 3rd Ave	(715) 263-2600
COLBY...HealthView Eye Care Center-Colby	Dr. Perry Arndt, Dr. Mathew Mergenthaler, Dr. Brian Buent - 120 Debra Drive	(715) 223-4003
EAGLE RIVER...Eye Care Associates	Dr. Kirby Redman, Dr. Michel Geinas, Dr. Ben Redman - 141B S. Willow Street	(715) 479-9390
LADYSMITH...Erik Ostensio O.D.	Dr. Erik Ostensio - 119 West Miner Ave	(715) 532-3006
MEDFORD...HealthView Eye Care Center-Medford	Dr. Julie Thums, Dr. Betsy Berends, Dr. Mathew Mergenthaler - 309 E. Broadway	(715) 748-2020
MENOMONIE...Kivlin Eye Clinic	Dr. James Kivlin - 2303 Schneider	(715) 235-3838
PARK FALLS...Eye Care Associates	Dr. Kirby Redman, Dr. Michel Geinas, Dr. Ben Redman - 698 S. 4th Avenue	(715) 762-2300
PLOVER...Dr. Larry J. Woode	Dr. Larry Woods - 2801 Willow Drive	(715) 341-5151
RHINELANDER...Eye Wear Express	Dr. Jeffrey Williquette - 232 S. Courtney Street	(715) 365-1515
THORP...Cardinal Family Eye Care	Dr. Jacob Vergin, Dr. Ryan Belzung - 201 East Hill Street	(715) 669-5631
WAUSAU...Envision Eyecare	Dr. Jeffrey Sarazen, Dr. Chris Marquardt, Dr. Raymond Goga - 515 N. 17th Ave.	(715) 848-1246
WISCONSIN RAPIDS...Central Wisconsin Eye Clinic	Dr. Kevin Miller, Dr. Jeffrey Sarazen, Dr. Chris Marquardt - 400 Dewey Street	(715) 424-4141
WOODRUFF/MINOCQUA...Eye Care Associates	Dr. Kirby Redman, Dr. Michel Geinas, Dr. Ben Redman - 1020 3rd Avenue	(715) 356-2262

Receive a 10% discount on your Lasik Surgery through TLC Vision Advantage Plan. Contact one of our HealthView Vision Care Plan offices above for details.

LASIK SURGERY— TLC LASER EYE CENTERS WISCONSIN  
[http://www.tlcvision.com/why\\_advantage.fxm1](http://www.tlcvision.com/why_advantage.fxm1)



**TLC Laser Eye Centers-Eau Claire**  
 Dr. Thomas Harvey & Dr. Lee Hofer  
 745 Kenney Ave  
 Eau Claire, WI 54701  
 715.838.2020 - 877.852.2020

**TLC Laser Eye Centers - Madison**  
 Dr. Louis Probst, MD 2418  
 Crossroads Drive  
 Suite 1900  
 Madison, WI 53718  
 877.852.2020

For questions on this coverage contact Health View Vision Care at 715-574-5779 or [healthviewvisioncare@gmail.com](mailto:healthviewvisioncare@gmail.com)