





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
- Basic Life and AD&D 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 Ins	Surance 5 Security Health Plan Customer Service PO Box 8000 – Marshfield WI 54449 800.472.2363 shpcsweb@securityhealth.org www.securityhealth.org
Health Sa	vings Account6
	Member Choice of Financial Institution
Dental Ins	surance7
	Delta Dental of Wisconsin
	Customer Service/Claims
	PO Box 828 – Stevens Point WI 54481
	800.236.3712
	www.deltadentalwi.com
Vision Ins	Surance
	Customer Service
	PO Box 2187 – Clifton NJ 07015
	800.672.7723
	www.e-nva.com
Long-tern	n Disability Insurance9
	National Insurance Services
	300 N Corporate Drive, Suite 300 – Brookfield WI 53045 800.627.3660
Basic Life	and AD&D Insurance 9
	National Insurance Services 300 N Corporate Drive, Suite 300 – Brookfield WI 53045
	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	
Employee Assistance Program	11
Aspirus Employee Assistance Services	
Helpline	
800.236.4457	
Additional Ronofite	12



Health Insurance—Chart of benefits

Medford Schools offers two plan choices:

Services	Security Health Plan Premier HMO \$1,600/\$3,200 HDHP/HSA Plan 1			Pren \$5,500/\$1	Health Plan nier HMO 1,000 HDHP/HSA Plan 2
	In-Network	Out-of-Network		In-Network	Out-of-Network
Deductible - Individual - Family	\$1,600 \$3,200*	Not Applicable		\$5,500 \$11,000	Not Applicable
Out-of-Pocket Max - Individual - Family	\$1,600 \$3,200	Not Applicable		\$5,500 \$11,000	Not Applicable
Physician Visit	100% after deductible	Not Applicable	-	100% after deductible	Not Applicable
Preventive Care	100%	Not Applicable		100%	Not Applicable
Emergency Room	100% afte	r deductible		100%	after deductible
Hospitalization	100% after deductible	Not Applicable	-	100% after deductible	Not Applicable
Prescription Drugs - Generic - Preferred - Non-Preferred	100% after deductible	Not Applicable		100% after deductible	Not Applicable

^{*}One individual within the family can satisfy the entire family deductible.

	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
Plan 1 \$1,600/ \$3,200	\$995.72	\$2,205.92	\$140.57	\$311.42	\$49.79	\$110.30	\$54.76	\$121.33

	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
Plan 2 \$5,500/ \$11,000	\$797.95	\$1,767.78	\$112.65	\$249.57	\$39.90	\$88.39	\$43.89	\$97.23

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 2024, the maximum is \$4,150 for single coverage and \$8,300 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 <u>qualified medical expenses</u>. 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 - \$1,600/\$3,200 HDHP		MAPS Contribution Plan 2 - \$5,500/\$11,000 HDHP		
Employee	Family	Employee	Family	
\$800	\$1,600	\$2,750	\$5,500	

Dental Insurance



Services	Delta Dental	Coverage
Preventive Services	Exams, cleanings, x-rays	100%
Deductible	Applies to basic and major services only	\$50 – individual \$150 – family max
Basic Services	Fillings, simple extractions, oral surgery, root canal, crowns	100% after deductible
Major Services	Major Services Bridges, dentures, inlays, onlays, implants	
Annual Maximum		\$1,500
Orthodontic	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
\$47.01	\$130.87	\$6.63	\$18.47	\$2.35	\$6.54

Voluntary Vision Insurance



Benefit Frequency	Participating Provider	Non-Participating Provider
Examination Once Every 12 Months	 Covered 100% After \$10 copay 	Reimbursed Amount - Up to \$35
Lenses Once Every 12 Months Single Vision Bifocal Trifocal Lenticular Polycarbonates (under age 19)	Standard Glass or Plastic Covered 100% After \$25 copay Covered 100%	 Up to \$25 Up to \$45 Up to \$75 Up to \$75 Up to \$25 (SV) Up to \$30 (Bi/Tri)
Frame Once Every 24 Months	Retail Allowance Up to \$160 (20% discount off balance)*	▪ Up to \$96
Contact Lenses Once Every 12 Months Elective Contact Lenses	In addition to Lenses & Frame Up to \$160 Retail (15% discount (Conventional) or 10% discount (Disposable)	In addition to Lenses & Frame • Up to \$120
Fit/Follow-Up*** Standard Daily Wear Standard Extended Wear Specialty Wear Medically Necessary****	off balance)** Covered 100% Covered 100% Covered 100% Covered 100%	 Up to \$20 Up to \$30 Up to \$50 Up to \$200
Monthly Rates Eff 01/01/24 thru 12/31/28	Employee Only \$7.96	Employee + 1 or More \$24.56

Long Term Disability Insurance

National Insurance Services

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

Basic Life and AD&D Insurance

National Insurance Services

Medford Area Public Schools provides full-time employees with basic life and AD&D life insurance benefits and pays for the full cost of this coverage. Policy: Kansas City Life Insurance Company. Beneficiary designation required.

	Basic Life and AD&D Insurance
Effective	Upon date of hire
Eligibility	Working a minimum of 17.5 hours per week
Maximum Benefit	Basic \$25,000 AD&D \$25,000

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 \$3,200 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

<u>Limited Purpose Health Care Reimbursement FSA</u> - 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 <u>you and your household members</u> 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.

(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

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. 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.

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.

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

(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

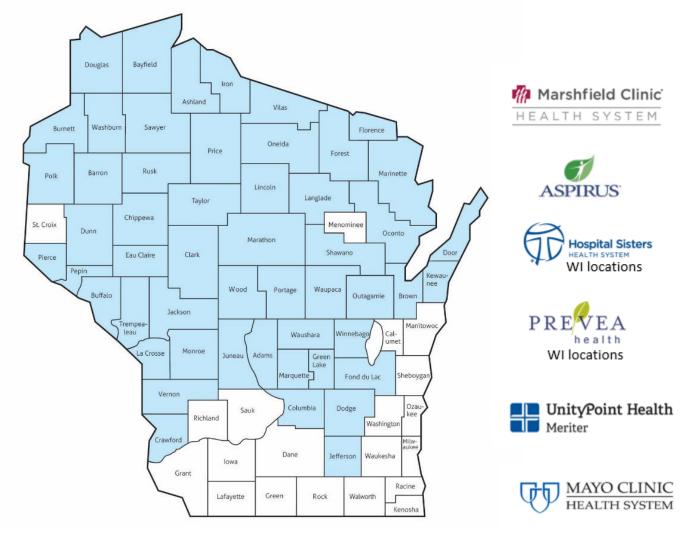
Members must submit a completed Healthy Living Benefit Reimbursement Form along with applicable receipts to: Security Health Plan, Attn: Claims Department, P.O. Box 8000 Marshfield, WI 54449-8000 or email completed form and receipts to: rf.shpmain@securityhealth.org

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













(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				
Complete Pair of Glasses 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				
Single Plastic Lenses (including standard scratch coating) Single-Vision Bifocal Trifocal	Member Pays: \$50 \$70 \$105				
Lens Options 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 or call 866-246-9041

△ DELTA DENTAL



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 brandname 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:

- Locate an EyeMed Vision Care
 provider using the provider
 search on our website at
 www.deltadentalwi.com/
 provider-search/vision, or by
 calling EyeMed at 866-246-9041 (toll-free).
- When scheduling your appointment, inform the office that you are an EyeMed member with a Delta Dental discount plan.
- 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)

△ DELTA DENTAL



EyeMed Group Number: 9231093

Group Name: Delta Dental Vision Discount Program

Member Name:

For provider information, go to www.deitadentaiwi.com/ provider-search/vision, or call EyeMed Vision Care at 866-246-9041.

800-240-9041

This is a discount plan. It is NOT insurance.

△ DELTA DENTAL



EyeMed Group Number: 9231093

Group Name: Delta Dental Vision Discount Program

Member Name:

For provider information, go to www.deltadentaiwl.com/ provider-search/vision, or call EyeMed Vision Care at 866-246-9041.

This is a discount plan. It is NOT insurance.

(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 conjuction 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 prepriced 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.

Covers the employee, their spouse and children

For plan or provider information see reverse of this card

The HealthView Vision Care Plan Discount is designed to cover the items stated above not paid for by your ourrent 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.



provider network....

CHIPPEWA FALLSCardinal Family Eye Care	Dr. Ryan <u>Belgungy</u> , Dr. Jacob <u>Vergin</u> - 509 East South Avenue	(715) 726-9077
CLEAR LAKEKiylin Eye Clinic	Dr. James Kivlin - 370 3rd Ave	(715) 263-2600
COLBYHealthView Eye Care Center-Colby	Dr. Perry Arndt, Dr. Mathew Mergenthaler, Dr. Brian Buent - 120 Debne Drive	(715) 223-4003
EAGLE RIVEREye Care Associates	Dr. Kirby Redman, Dr. Michel Gelinas, Dr. Ben Redman - 141B 5. Willow Street	(715) 479-9390
LADYSMITHErik Ostenso, O.D.	Dr. Erik Ostenso - 119 West Miner Ave	(715) 532-3006
MEDFORDHealth\()iew, Eye Care Center-Medford	Dr. Julie Thums, Dr. Betsy Berends, Dr. Mathew Mergenthaler - 309 E. Broadway	(715) 748-2020
MENOMONIEKixlin Eye Clinic	Dr. James Kiylig - 2303 Schneider	(715) 235-3838
PARK FALLSEye Care Associates	Dr. Kirby Redman, Dr. Michel Gelinas, Dr. Ben Redman - 698 5. 4th Avenue	(715) 762-2300
PLOVERDr. Larry J. Woods	Dr. Larry Woods - 2801 Willow Drive	(715) 341-5151
RHINELANDEREye Wear Express	Dr. Jeffrey Williguette - 232 5. Courtney Street	(715) 365-1515
THORPCardinal Family Eye Care	Dr. Jacob <u>Vergin,</u> Dr. Ryan <u>Belgungy</u> - 201 East Hill Street	(715) 669-5631
WAUSAUEnvision Eyecare	Dr. Jeffrey Sagazen, Dr. Chris Marquardt, Dr. Raymond Goga - 515 N. 17th Ave.	(715) 848-1246
WISCONSIN RAPIDSCentral Wisconsin Eye Clinic	Dr. Kevin Miller, Dr. Jeffrey Sarazen, Dr. Chris Marquardt - 400 Dewey Street	(715) 424-4141
WOODRUFF/MINOCQUAEye Care Associates	Dr. Kirby Redman, Dr. Michel Gelinas, 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.fxml



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