



# Medford Area Public School District Employee Benefits Guide

Plan Year: January 1, 2019 to December 31, 2019





MEDFORD AREA PUBLIC SCHOOL DISTRICT

# 2019









Medical Security Health Plan

> Dental Delta Dental

Section 125/Limited Purpose Flex (FSA) Wage Works

> Health Savings Account (HSA) Financial Facility of Your Choice

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Long Term Disability National Insurance Services

Additional Benefit Offerings

Medical and Prescription Drugs The following chart shows the health plans effective January 1, 2019:

Services	Security Health Plan HMO \$1,500/\$3,000 HDHP/HSA			H	lealth Plan MO 900 HDHP/HSA
	In-Network	Out-of-Network		In-Network	Out-of-Network
Deductible - Individual - Family	\$1,500 \$3,000*	Not Applicable		\$6,450 \$12,900	Not Applicable
Out-of-Pocket Max - Individual - Family	\$1,500 \$3,000	Not Applicable		\$6,450 \$12,900	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% afi	ter 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

# Your Medical Cost in 2019

	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
SHP - HMO \$1,500/ \$3,000	\$792.20	\$1,755.04	\$111.84	\$247.77	\$39.61	\$87.75	\$43.57	\$96.53
SHP - HMO \$6,450/ \$12,900	\$536.17	\$1,187.83	\$75.69	\$167.69	\$26.81	\$59.39	\$29.49	\$65.33

Medical and Prescription Drugs The following chart shows the health plans effective January 1, 2019:

Services	Security Health Plan HMO \$750/\$1,500 Traditional		
	In-Network	Out-of-Network	
Deductible - Individual - Family	\$750 \$1,500	Not Applicable	
Out-of-Pocket Max - Individual - Family	\$3,000 \$6,000	Not Applicable	
Physician Visit	100% after deductible	Not Applicable	
Preventive Care	100%	Not Applicable	
Emergency Room	\$250 copay then 100% after deductible		
Hospitalization	100% after deductible Not Applicable		
Prescription Drugs - Generic - Preferred - Non-Preferred	\$25 \$50 \$75	Not Applicable	

\*\*This plan is only offered if an Health Savings Account cannot be opened/or contributions cannot be made

# Your Medical Cost in 2019

	Monthly F	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
SHP-HMO \$750/ \$1,500	\$915.47	\$2028.13	\$129.24	\$286.32	\$45.77	\$101.41	\$50.35	\$111.55

# Health Savings Account (HSA) Contributions

Health Savings Account (HSA) is a special account owned by the employee. Monies can be placed into the account tax free and used to pay for expenses incurred by you and your dependents. You must be enrolled in a High Deductible Health Plan (HDHP) and cannot be covered by another health insurance that is not an HDHP, and are not enrolled in Medicare as well as be claimed as a dependent on someone else's tax return.

2019 MAPS Contribution \$1,500/\$3,000 HDHP		2019 Maximum Contribution (Employer & Employee Combined)		
Employee	Family	Employee	Family	
\$750	\$1,500	\$3,500	\$7,000	

2019 MAPS Contribution \$6,450/\$12,900 HDHP		2019 Maximum Contribution (Employer & Employee Combined)		
Employee	Family	Employee	Family	
\$3,000 \$6,500		\$3,500	\$7,000	

\*Members who are age 55 and older may contribute an extra \$1,000 to their HSA's.

# Dental

The following chart shows the dental plan effective January 1, 2019:

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	Bridges, dentures, inlays, onlays, implants	50% after deductible
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

# Your Cost in 2019

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

# Standard, Limited Purpose Flex and Dependent Care

The Standard Flex Plan provides you the opportunity to pay for out-of-pocket medical, dental, vision and dependent care expenses with pre-tax dollars.

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 (Example: acupuncture, fertility treatment, home and vehicle modifications for persons with disabilities, guide dog/service animal, etc.)

You must enroll/re-enroll annually if you wish to participate for the plan year Jan. 1<sup>st</sup> to Dec. 31<sup>st</sup>. You can save approximately 25 percent of each dollar spent on these expenses when you participate in a FSA.

A Standard or Limited Purpose Flex 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.

The maximum that you can contribute to the Standard and or Limited Purpose Flexible Spending account is \$2,700 for 2019.

The maximum that you can contribute to the Dependent Care Flexible Spending Account is \$5,000 if you are a single employee or married filing jointly, or \$2,500 if you are married and filing separately.

# Health Savings Accounts (HSA)

If you participate in the High Deductible Health Plan (HDHP), you can set aside money in a Health Savings Account (HSA) before taxes are deducted to pay for eligible medical, dental and vision expenses. An HSA is similar to a flexible spending account in that you are eligible to pay for health care expenses with pre-tax dollars. There are several advantages of an HSA. For instance, money in an HSA can be invested much like 401(k) funds are invested. Unused money in an HSA account is not forfeited at the end of the year and is carried forward. Also, your HSA account is yours to keep which means that you can take it with you if you change jobs or retire.

The maximum amount that you can contribute to a HSA is \$3,500 in 2019 for individual coverage and \$7,000 in 2019 for family coverage. Additionally, if you are age 55 or older, you may make an additional "catch-up" contribution of \$1,000.

## Wellness Program

As a valued employee of MAPS, we have created a worksite wellness program to create, support, and promote activities that foster good physical health and well-being for all employees and spouses. The program is dedicated to enhancing the mind, body and spirit of MAPS employees and spouses and is designed to empower them to take responsibility for their health and well-being.

Participation in the Wellness Program is voluntary and recommended for all MAPS employees and their spouses. Participation requires (1) completing the Biometrics Screening (2) completing a Health Risk Assessment (HRA) online and (3) participate in a minimum of one coaching session (onsite or telephonic) if they do not meet the healthy test out criteria below. These three areas are mandatory components of participating in the wellness program.

To incentivize you to participating in all the required program components, a premium differential is being put in place for those who participate in the wellness program versus those who choose not to. This differential is \$65 per employee and an additional \$65 for a spouse per month. \*\*These amounts are *in addition* to the standard percentage of premium you already have deducted from your paychecks.

The required program components include completion of the following: annual biometric screening, health risk assessment and submission of the MAPS Wellness Accountability Log annually (can be submitted quarterly) to earn a minimum of 100 points per wellness year. This can also be completed on your wellness portal easily vs. filling out and sending in the paper form. A minimum of 25 points must be earned from the Physical Activity category per wellness year to be eligible for the incentive. A maximum of 30 points can be earned from the Life Enrichment category per wellness year to be eligible for the incentive.

Participants who have lab results and biometric measurements that fall into ALL the 4 "healthy" categories outlined below will not need to complete a health coaching session OR track and submit any points for the year, they will automatically be granted 100 points. Participants have from July 1, 2018 to June 30, 2019 to meet the Healthy Test Out requirements. If the participant fails to meet them by the June 30, 2019 deadline, the participant will still be responsible for submitting 100 points to be compliant with the wellness program by June 30, 2019.

#### "Healthy" is defined as:

Blood pressure: 120/80 or under OR Primary Care Provider Blood Pressure Form Cholesterol: Cholesterol: 200 or less - OR - Allow for ASCVD Score of less than 7.5% if Cholesterol is not in range

 ASCVD factors Gender, Age, Race, HDL Cholesterol, Total Cholesterol, Systolic Blood Pressure, Diabetes (Yes/No), Treatment for Hypertension (Yes/No), Smoker (Yes/No)
 BMI: 25 or less OR Body Fat: 32% or less for women and 25% or less for men Completion of an annual exam in previous wellness year (proof of date of visit required) To document points, participants must use the MAPS Wellness Accountability Log and submit it to your Building Wellness Representative, the Wellness Coordinator or complete it online via the wellness portal (<u>www.managwell.com</u>) on an annual basis. Points must be turned in by the end of the wellness year (June 30, 2019) in order to receive the incentive. If points are not turned in on time, you will forfeit your health insurance discount incentive for the next year. We are not requiring you to attach your documentation or proof of participation in events or activities; however, you should keep these records in your file as random audits may be completed for participants.

\*\*Annual Wellness Program Accountability Logs are due: June 30, 2019\*\*

Employees and spouses who feel that they cannot comply with the Wellness Program should contact the Wellness Coordinator at <u>wellness@medford.k12.wi.us</u> to review alternative standards. Alternative standards are reviewed on an individual basis.

# Long Term Disability

MAPS provides long term disability (LTD) to all full-time eligible employees at no cost to you. Below is a brief summary of the benefits:

Employment Waiting Period	Eligibility upon date of hire
Benefit Amount	90% of monthly earnings to a monthly maximum of \$9,000
Elimination Period	60 consecutive calendar days – the length of time an insured employee must be continuously Totally Disabled before monthly benefits become payable

Information on this plan can be obtained from Human Resources. Questions can also be answered by National Insurance Company of Wisconsin, Inc.:

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

# Additional Benefit Offerings

### Security Health Plan

PO Box 8000 Marshfield, WI 54449-8000 800.472.2363 – Customer Service/Claims www.securityhealth.org

Create a **My Security Health Plan** account online at <u>www.securityhealth.org</u> to access online health care information.

You can also access your information by the Security Health Plan mobile app. The mobile app is available via the App Store and Google Play. This app allows you to view ID cards, track spending, call 24-hr Nurse line, find providers, and much more.

#### **Member Perks**

<u>24-hour Nurse Line</u> – Get help right away by phone. Many emergency room visits involve medical situations that do not require immediate attention. If you are not certain whether you need to seek immediate help, you can count on the 24-hour Nurse Line for reliable health information. Call 800-549-3174.

<u>Care My Way</u> - A quick, convenient way to receive a diagnosis by phone, and when needed, have a prescription sent to the pharmacy for certain common symptoms such as the flu, sinus infections, seasonal allergies, or many other common conditions.

Care My Way® is available from 7am to 9pm seven days a week. Here are some of the conditions that Care My Way® treats:

Athlete's foot - over age 10	Pink eye (bacterial conjunctivitis)
Cold sores	Pinworms
Diaper rash - infants/toddlers	Poison ivy rash
Eczema - children	Scabies exposure/symptoms
Head lice	Seasonal allergies
Impetigo	Sinus infection
Influenza	Stye
Jock itch - male adults and adolescents	Sunburns
Laryngitis	Thrush - infants
Mastitis (breast infections)	Tick bite - over age 8
Minor thermal burns	Upper respiratory infections
Pertussis (whooping cough) exposure	Urinary tract infections - female adults

Call Care My Way® at 800-549-3174 to get help from wherever you are.

<u>Nurse Navigator</u> – The health care system is complex and it's easy to get frustrated. With just one call, you can talk with a Nurse Navigator. The Nurse Navigator is a registered nurse who works across the health care system to make sure members receive the right care.

Look to a Nurse Navigator to:

- Research questions and coordinate care related to medical conditions
- Help them understand their benefits
- Help improve communication with their providers
- Help them choose the right provider
- Provide information and discuss possible treatment options
- Listen and coach them through difficult decisions

To reach a Nurse Navigator call Customer Service and ask to be put in touch with a Nurse Navigator. Call 800.472.2363 to start the process. Monday through Friday, 8am to 5pm.

<u>GlobalFit</u> – Security Health Plan teams up with several area fitness centers to offer gym discounts that can help you begin a fitness program or remain active. Call Customer Service at 800.472.2363 to ask about participating facilities or visit Security Health Plan at www.securityhealth.org and click on Members, Member Perks and Global Fit to search for participating partners.

GlobalFit has additional wellness support in tech items, eating, education and discounts on travel, spa, apparel and more.

<u>MyAccount</u> – Security Health Plan offers many resources to help you keep healthy. You can complete one of the online health assessments and depending on the answers you may be offered a health coaching program. Programs include telephonic coaching in areas of weight management, quitting tobacco, increasing physical activity, healthy eating, managing stress and more.

<u>Over the Count (OTC)</u> – Each quarter you receive a \$30 credit to be used toward the purchase of selected over-the-counter health and wellness products from SHP's mail order catalog. These items can be order online via MyAccount or via paper order forms. Order by March 15, June 15, September 15 and December 15. Unused funds will not carry over to the next quarter. If you order over \$30, additional payments (checks, money order and credit cards) are accepted.

## Delta Dental

PO Box 828 Stevens Point, WI 54481 800.236.3712 – Customer Service/Claims www.deltadentalwi.com

<u>Vision Care Discount Program</u> - Delta Dental of Wisconsin has chosen EyeMed Vision Care as the network provider for your vision care discount program. EyeMed offers you the choice and service you expect, at a great value. This is not insurance, but a discount plan that provides:

- Overall savings up to 30%.
- Access to thousands of private practice and retail providers nationwide, including LensCrafters, Target Optical, Sears Optical and most Pearle Vision locations.
- Choice of any product, including designer brand name frames (certain brands impose a nodiscount policy and the frame discount is not available).
- Savings on laser vision correction.
- Replacement contact lenses by mail.

Receiving your vision care discount is easy. Simply:

- 1. Locate an EyeMed Vision Care provider using the provider search at www.deltadentalwi.com/visionproviders, 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 <u>discount</u> plan.
- 3. When you arrive for your appointment, present the enrollee card below to receive services. (Two cards are provided. You can print additional or replacement cards at EyeMed's website, <u>www.eyemedvisioncare.com/deltadental</u>).

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.

<u>Benefit Description</u> – With your EyeMed Vision Care discount plan, you can save up to 30% on frames, lenses and lens options. You can use this program as often as you wish.

Service	Member Benefit		
Exam with Dilation as Necessary	\$5 off comprehensive exam		
	\$10 off contact lens exam		
Complete Pair Glasses Purchased			
<ul> <li>The following frames, lenses, and lens options d</li> </ul>	iscounts and fees apply only if a complete pair is		
purchased in the same transaction.			
<ul> <li>Items purchased separately will be discounted 20% off the retail price.</li> </ul>			
Frames			
<ul> <li>Any frame available at provider location</li> </ul>	30% off retail price		
(certain brands impose a no-discount policy			
and the frame discount is not available)			
Single Plastic Lenses, Including Standard Scratch	Member Pays:		
Coating			
Single Vision	\$75		
• Bifocal	\$95		
Trifocal	\$125		

Lens Options	Member Pays:	
UV Coating	\$15	
Tint (solid or gradient)	\$15	
Standard Polycarbonate	\$40	
<ul> <li>Standard Anti-Reflective Coating</li> </ul>	\$45	
<ul> <li>Standard Progressive (add on to bifocal)</li> </ul>	\$70	
Conventional Contact Lenses	1E% of rotail price	
(Applied to materials only)	15% of retail price	
Laser Vision Correction	15% off rotail price or 5% off promotional price	
LASIK or PRK	15% off retail price or 5% off promotional price	
Frequency	Unlimited	
Exam, Frames, Lenses, and Contact Lenses	Unimited	

#### Additional Notes:

• After initial purchase, replacement contact lenses may be obtained via the Internet at substantial savings and mailed directly to the member. Details are available at www.eyemedvisioncare.com/deltadental.

- Member will receive 20% discount on items purchased at participating providers not included under the plan. 20% discount may not be combined with any other discounts, promotional offers or insurance coverage, and the discount does not apply to EyeMed provider's professional services, or contact lenses.
- Retail prices may vary by location.

#### Plan Limitations/Exclusions:

- · Orthoptic or vision training, subnormal vision aids, and associated supplemental testing
- Medical and/or surgical treatment of the eye, eyes, or supporting structures
- · Corrective eyewear required by an employer as a condition of employment, and safety eyewear unless specifically covered under plan
- · Services provided as a result of any Worker's Compensation law
- Plano non-prescription lenses and non-prescription sunglasses (except for 20% discount)

A DELTA DENTAL	EyeMed	A DELTA DENTAL	EyeMed
EyeMed Group Number: 9231093		EyeMed Group Number: 9231093	
Group Name: Delta Dental Vision Discount Program		Group Name: Delta Dental Vision Discount Program	
Member Name:		Member Name:	
For provider information, go to www.deltadentalwi.com/visionproviders, or call ByeMed Vision Care at 866-246-3041.		For provider information, go to www.deltademalwi.com/visionprovider or call EyeMed Vision Care at 866-246-9041.	
This is a discount plan. It is not insurance.		This is a discount plan. It is not insurance.	

(www.deltadentalwi.com/visionproviders) or call 866-246-9041.

When scheduling an appointment, inform the provider that you have a vision discount plan through EyeMed Access Plan, with Delta Dental of Wisconsin

At the time of your appointment, remind the provider that you have a vision discount plan through the EyeMed Access Plan.

#### Providers:

This is not insurance. It is a vision discount plan.

(www.deitadentalwl.com/visionproviders) or call 866-246-9041.

When scheduling an appointment, inform the provider that you have a vision discount plan through EyeMed Access Plan, with Delta Dental of Wisconsin.

At the time of your appointment, remind the provider that you have a vision discount plan through the EyeMed Access Plan.

#### Providera:

This is not insurance. It is a vision discount plan.

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

Health View

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 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.

HEALTHVIEW VISION CARE PLAN				
Plan: <u>79</u>	3 Medford Area	Public Schools		
Nate: 5/1	10007	(Employer)		



10% off frames, lenses, anti-reflective

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.

10% off prescription and non-prescription sunglasses 10% off Lasik Surgery through TLC Advantage Program provider network....

CHIPPEWA FALLSCardinal Family Eye Care	Dr. Ryan Beloungy, Dr. Jacob Vergin - 509 East South Avenue	(715) 726-9077
CLEAR LAKEKivlin Eye Clinic	Dr. James Kivlin - 370 3rd Ave	(715) 263-2600
COLBYHealthView Eye Care Center-Colby	Dr. Perry Arndt, Dr. Mathew Mergenthaler, Dr. Brian Puent - 120 Dehne Drive	(715) 223-4003
EAGLE RIVEREye Care Associates	Dr. Kirby Redman, Dr. Michel Gelinas, Dr. Ben Redman - 141B S. Willow Street	(715) 479-9390
LADYSMITHErik Ostenso O.D.	Dr. Erik Ostenso - 119 West Miner Ave	(715) 532-3006
MEDFORDHealthView Eye Care Center-Medford	Dr. Julie Thums, Dr. Betsy Berends, Dr. Mathew Mergenthaler - 309 E. Broadway	(715) 748-2020
MENOMONIEKivlin Eye Clinic	Dr. James Kivlin - 2303 Schneider	(715) 235-3838
PARK FALLSEye Care Associates	Dr. Kirby Redman, Dr. Michel Gelinas, Dr. Ben Redman - 698 S. 4th Avenue	(715) 762-2300
PLOVERDr. Larry J. Woods	Dr. Larry Woods - 2801 Willow Drive	(715) 341-5151
RHINELANDEREye Wear Express	Dr. Jeffrey Williquette - 232 S. Courtney Street	(715) 365-1515
THORPCardinal Family Eye Care	Dr. Jacob Vergin, Dr. Ryan Beloungy - 201 East Hill Street	(715) 669-5631
WAUSAUEnvision Eyecare	Dr. Jeffrey Sarazen, 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