



## Vision Plan Comparison

DISCLAIMER: This document is a summary of certain plan features. It should not be interpreted as a complete comparison of the products represented.

Saginaw City School District  
All Employees

Name Carrier	CURRENT PLAN All Employees MESSA VSP Plan 2		SET Vision Self-funded Plan 3 - \$65 Frames SET TPA		NVA VSP Plan 2 Match NVA	
	In Network	Out of Network Allowance	Coverage Allowance	In Network	Out of Network Allowance	
Rate Period	7/1/2011 - 6/30/2012		11/1/2011 - 6/30/2012		11/1/2011 - 10/31/2015	
Purchased Plan Features	In Network	Out of Network Allowance	Coverage Allowance	In Network	Out of Network Allowance	
Optometrist Exam	100%	\$29	\$64	100%	\$29	
Ophthalmologist Exam	100%	\$39	\$64	100%	\$39	
Regular Lenses	100%	\$29	\$84	100%	\$29	
Bifocal Lenses	100%	\$51	\$96	100%	\$51	
Trifocal Lenses	100%	\$63	\$120	100%	\$63	
Lentiular Lenses	100%	\$75	\$144	100%	\$75	
Frames	\$65	\$44	\$65	\$65	\$44	
Necessary Contacts	100%	\$175	\$200	\$90	\$90	
Cosmetic Contacts	\$90	\$90	\$200	\$90	\$90	
Exam Copay	\$6.50	n/a	\$0.00	\$6.50	n/a	
Material Copay	\$18.00	n/a	\$0.00	\$18.00	n/a	
Purchased Plan Rates	Census	Rates	Census	Rates	Census	Rates
One Person (1P)	250	\$5.11	250	\$4.57	250	\$4.02
Two Person (2P)	205	\$10.98	205	\$10.98	205	\$7.45
Family (FF)	394	\$16.52	394	\$13.72	394	\$11.41
Projected Increase (0%)	0%					
Total Annual Premium	849	\$120,447	849	\$105,599	849	\$84,333
Combined Annual Premium	\$120,447					
Estimated Savings - \$			\$1	\$14,848	\$4	\$36,114
Estimated Savings - %			12%		30%	
Quote Expiration			6/30/2012		10/31/2015	