Premium and Benefit Comparison
Prepared for: ***Whitehall District Schools***
Effective Date: ***January 1, 2021***

Item	MESSA		NVA		BCBSM		EyeMed	
	VSP3+ Platinum				Essential Vision			
Exam	12 months		12 months		12 months		12 months	
Lenses	12 months		12 months		12 months		12 months	
Frames	12 months		12 months		12 months		12 months	
	Network	**Out of Network Allowances**	**Network**	**Out of Network Allowances**	**Network**	**Out of Network Allowances**	**Network**	**Out of Network Reimbursement**
Exam	$0 copay	up to $35/$45	$0 copay	up to $64	$0 copay	$0 copay	$0 copay	up to $50
Materials								
Single vision lenses	covered	up to $38	covered in full	up to $84	$10 copay (one copay applies to **both** lenses and frames)	reimbursement up to **approved amount** based on lens type, less $10 copay (member responsible for any difference)	$0 copay	up to $50
Bifocal lenses	covered	up to $60	covered in full	up to $96			$0 copay	up to $70
Trifocal lenses	covered	up to $72	covered in full	up to $120			$0 copay	up to $90
Lenticular lenses	covered	up to $108	covered in full	up to $140			$0 copay	up to $90
Progressive lenses							$65 copay	up to $70
Frames	Covered up to $130	up to $66	covered up to $80 retail allowance, 20% off balance over $80.	up to $80	$10 copay (one copay applies to both lenses and frames)	reimpursement up to **approved amount** based on lens type, less $10 copay (member responsible for any difference)	Covered up to $80 retail allowance. 20% discount off remaining balance	up to $60
Contact Lenses	Covered up to $250 retail allowance every 12 months. Medically necessary covered 100%.	up to $150 retail allowance. Medically necessary covered up to $150.	covered up to $200 retail allowance, 15% discount (conventional) or 10% discount (disposable) off balance over $200. Medically necessary $0 copay.	up to $200 retail allowance. Medically necessary covered up to $220.	$130 allowance applied to contact lens exam (fitting and materials) and the contact lenses. Medically necessary contact lenses covered with $10 copay.	$105 allowance applied to contact lens exam (fitting and materials) and the contact lenses. Medically necessary covered with reimbursement up to approved amount less $10 copay.	Conventional contacts covered up to $200 allowance, 15% off balance over $200. Disposable contacts covered up to $200 allowance. Medically necessary covered in full.	Conventional or Disposable contacts covered up to $200 allowance. Medically necessary covered up to $210.
Rates Effective	1/1/2021		1/1/2021		1/1/2021		1/1/2021	
EE	$10.83		$12.17		$4.28		$11.58	
EE+1	$23.28		$26.07		$8.57		$24.90	
FAM	$35.00		$39.20		$14.16		$37.45	

Please note: This information is intended to summarize and illustrate the benefits, rates, taxes, and other fees associated with purchase of the proposed plans. These descriptions do not modify any definitions expressly stated in any contracts of insurance.