



ROANOKE COUNTY

Purchasing Division

5204 Bernard Drive, Suite 300-F, P.O. Box 29800

Roanoke, Virginia 24018-0798

TEL: (540) 772-2061 FAX: (540) 772-2074

February 8, 2022

ADDENDUM NO. 1 TO ALL OFFERRORS:

Reference – RFP # 2022-057

Description: Voluntary Vision Plan

Issue Date: January 24, 2022

Proposal Due: February 16, 2022

Please see the below responses to questions received as well as the attached information.

Note New Due Date of **Wednesday February 16, 2022 2:00 PM EST**

1. Would it be possible to receive a full benefit summary and current monthly rates?
A benefit summary is included with this addendum. Current monthly rates are as follows:
Employee - \$5.93
Employee & Spouse - \$10.70
Employee & Child(ren) - \$10.70
Employee & Family - \$17.19
2. Is it possible to add the paid premium by month for 11/19-10/21?
A monthly premium report is attached. (Attachment 1)
3. Will we need to provide any platform or technology credit contributions?
No
4. Can you please provide a vision provider report for us to review and respond with disruption results?
Two reports are included in this response.
1) Roanoke County's Top 25 Vision Providers in 2021 (Attachment 3)

2) A list of all vision providers Roanoke County has utilized in the last 12 months. Offerors should indicate whether each provider is in the proposed network. (Attachment 4)
5. Will you accept electronic copies of the proposal and response, or are binders mandatory?
 - ***For this project we will accept One (1) Printed Original and One (1) Printed Redacted version.***
 - ***You will also need to supply us with 1 USB that contains One (1) Digital Original and One (1) Digital Redacted Version.***

- **Each digital version on the USB needs to be compiled into as few files as possible.**
6. I see the 12/12/24/12, \$10/\$25, \$150/\$150 plan design. And we plan to match the current plan as found on your website @ <https://www.roanokecountyva.gov/DocumentCenter/View/8770/Uniview-Statement-Of-Benefits?bidId=> Are there any additional options that you might want to see added as covered with \$0 copay?
If an offeror wants to suggest an optional plan, that is fine, but current plan design should also be included.
7. In addition to the Geo Access reports, are there any specific providers that you would like us to confirm?
See the Provider Reports included in this response. Offerors should indicate whether each provider is in the proposed network.
8. Can you provide me with the vision plan premium/rates for the current plan?
Current Rates
Employee - \$5.93
Employee & Spouse - \$10.70
Employee & Child(ren) - \$10.70
Employee & Family - \$17.19
9. Are there any particular issues that this RFP is trying to resolve? IE- A shortcoming with network access, high rates, more/higher options, service with the current plan?
An RFP is being issued now as the current contract is out of extensions.
10. What are current vision rates? Are renewal rates available?
Employee - \$5.93
Employee & Spouse - \$10.70
Employee & Child(ren) - \$10.70
Employee & Family - \$17.19

Renewal rates are not available.
11. I saw the plan design outline, but do you have a full benefit summary?
A benefit summary is included with this addendum. (Attachment 2)
12. Please provide the full UniCare vision benefit summary.
A benefit summary is included with this addendum. (Attachment 2)

13. Please provide current monthly premium to go alongside the claims.

A monthly premium report is attached. (Attachment 1)

14. Please provide the current UniCare vision rates.

Employee - \$5.93

Employee & Spouse - \$10.70

Employee & Child(ren) - \$10.70

Employee & Family - \$17.19

15. What do the different plan codes (VSVW, HVS1, HVS2, HVS3) stand for in the Vision Plan column on the Schools tab of the census?

These codes are related to payroll and whether an employee pays for benefits over 10 months, 11 months, or 12 months. It is irrelevant to your pricing.

16. Please provide a list of top providers that shows network participation with incumbent and (if possible) claims submitted. In addition, are you requesting a provider disruption?

Two reports are included in this response.

1) Roanoke County's Top 25 Vision Providers in 2021 (Attachment 3)

2) A list of all vision providers Roanoke County has utilized in the last 12 months. Offerors should indicate whether each provider is in the proposed network. (Attachment 4)

17. Given the timing of when question and answer period, would you please provide an extension of the due date?

Yes, please note the new due date of Wednesday February 16, 2022

18. Due to the ongoing COVID-19 pandemic, many of our employees are working from home. As a result, would you please accept scanned/copies of signatures as opposed to original wet ink signatures?

Yes this is acceptable as long as it is from an authorized party of your organization that can legally sign these types of documents.

19. The Contact lens claims amount doesn't calculate. There were 763 contact lens claims totaling \$120,972.09. This is more than the \$150 maximum per member, and it seems unlikely that medically necessary contacts would be the reason for the utilization. Can we confirm if this is correct? It may be available in more detailed claims reports.

UniCare verified that the data in the report is correct. There are claims for medically necessary contacts included in that number which brings the cost up and skews the average. There were 8 different members with medically necessary contacts in 2021.

20. Can we see the current rates for the vision plan?

Current Rates

Employee - \$5.93

Employee & Spouse - \$10.70

Employee & Child(ren) - \$10.70

Employee & Family - \$17.19

21. Please confirm that electronic signatures are acceptable for the hard copies.

Yes, this is acceptable as long as it is from an authorized party of your organization that can legally sign these types of documents.

Attachments:

1. Attachment 1- Premium Report
2. Attachment 2 – Benefit Coverage
3. Attachment 3 – Top 25 Vision Providers
4. Attachment 4 - All Vision Providers

Note: A signed acknowledgment of this addendum must be received at the location indicated on the original solicitation either prior to the proposal due date or attached to your proposal. Signature on this addendum does not substitute for your signature on the original proposal/bid document. The original proposal/bid document must be signed.

Thank you,



W.L. Heath Honaker

Phone: (540) 283-8146

HHonaker@roanokecountyva.gov

Sign Name:

Print Name:

Name of Firm:

Date:

COUNTY OF ROANOKE - Total Account**Current Period: Jan 2019 - Dec 2021****SST-03v Premium and Expense Summary**

	Enrollment -Vision Contracts					Claims Amount				
Month	Family	Subscriber	Subscriber + Children	Subscriber + Spouse	Total Subscribers	Total Members	Vision Claims	Total Claims Amount	Capitation	Premium (blank if ASO)
201901	374	959	168	235	1736	3370	\$9,133.36	\$9,133.36		\$15,397.18
201902	374	965	168	237	1744	3380	\$7,304.90	\$7,304.90		\$15,032.90
201903	374	959	168	234	1735	3365	\$11,201.10	\$11,201.10		\$15,410.23
201904	374	957	168	231	1730	3356	\$13,078.15	\$13,078.15		\$15,363.31
201905	373	958	169	230	1730	3355	\$9,217.48	\$9,217.48		\$15,333.51
201906	373	951	169	225	1718	3336	\$12,021.11	\$12,021.11		\$15,129.88
201907	404	961	184	223	1772	3514	\$16,461.95	\$16,461.95		\$16,601.66
201908	403	958	182	229	1772	3513	\$17,544.85	\$17,544.85		\$16,903.20
201909	408	1001	184	232	1825	3587	\$15,733.88	\$15,733.88		\$17,715.47
201910	408	1007	184	229	1828	3582	\$14,216.72	\$14,216.72		\$17,621.35
201911	408	1005	183	230	1826	3580	\$12,162.57	\$12,162.57		\$17,661.35
201912	405	1006	181	228	1820	3557	\$11,540.47	\$11,540.47		\$17,275.51
202001	403	1004	180	221	1808	3534	\$13,338.92	\$13,338.92		\$17,382.17
202002	403	1006	180	222	1811	3537	\$8,414.41	\$8,414.41		\$17,095.80
202003	404	1016	181	225	1826	3555	\$12,567.91	\$12,567.91		\$17,212.41
202004	407	1017	182	227	1833	3572	\$4,973.44	\$4,973.44		\$17,351.91
202005	407	1013	182	228	1830	3566	\$5,961.83	\$5,961.83		\$17,352.00
202006	404	1017	182	230	1833	3563	\$15,945.76	\$15,945.76		\$17,185.79
202007	433	1071	197	241	1942	3784	\$13,602.98	\$13,602.98		\$17,921.89
202008	432	1062	195	239	1928	3765	\$20,274.90	\$20,274.90		\$18,856.49
202009	437	1106	196	242	1981	3836	\$8,395.97	\$8,395.97		\$18,314.98
202010	441	1107	195	245	1988	3862	\$17,022.52	\$17,022.52		\$18,837.49
202011	433	1103	194	248	1978	3835	\$18,365.07	\$18,365.07		\$18,696.17
202012	435	1091	187	247	1960	3813	\$11,262.59	\$11,262.59		\$19,303.52
202101	434	1075	187	238	1934	3766	\$11,484.59	\$11,484.59		\$18,526.80
202102	438	1104	189	239	1970	3816	\$13,796.28	\$13,796.28		\$18,349.54
202103	437	1106	187	235	1965	3801	\$13,403.94	\$13,403.94		\$18,802.07
202104	433	1098	184	236	1951	3773	\$9,638.65	\$9,638.65		\$18,531.39
202105	434	1090	184	233	1941	3761	\$13,368.40	\$13,368.40		\$18,362.17
202106	433	1098	179	232	1942	3750	\$12,290.99	\$12,290.99		\$18,283.44
202107	457	1102	191	250	2000	3926	\$17,781.38	\$17,781.38		\$18,858.90
202108	453	1095	190	249	1987	3893	\$21,961.56	\$21,961.56		\$19,317.20
202109	465	1186	196	254	2101	4055	\$11,431.96	\$11,431.96		\$19,111.24
202110	468	1179	194	251	2092	4048	\$13,019.85	\$13,019.85		\$20,470.23
202111	472	1183	197	251	2103	4075	\$16,795.66	\$16,795.66		\$19,841.50
202112	469	1192	201	249	2111	4075	\$11,275.97	\$11,275.97		\$20,041.64
Total	15110	37808	6638	8495	68051	132456	\$465,992.07	\$465,992.07		\$639,452.29

UniView Vision®


County of Roanoke, Schools and Jail

July 1, 2020

Welcome to your UniView Vision plan!

You have many choices when it comes to using your benefits. As a UniView Vision plan member, you have access to one of the nation's largest vision networks. You may choose from many private practice doctors, local optical stores, and national retail stores including LensCrafters®, Target Optical®, and most Pearle Vision® locations. You may also use your in-network benefits to order eyewear online at Glasses.com and ContactsDirect.com. To locate a participating network eye care doctor or location, log in at unicare.com, or from the home page, select **Find a Doctor**. You may also call member services for assistance at **1-888-884-8428**.

Out-of-Network – If you choose to, you may instead receive covered benefits outside of the UniView Vision network. Just pay in full at the time of service, obtain an itemized receipt, and file a claim for reimbursement up to your maximum out-of-network allowance.

YOUR UNIVIEW VISION PLAN BENEFITS	IN-NETWORK	OUT-OF-NETWORK	FREQUENCY
Routine Eye Exam			
A comprehensive eye examination	\$10 copay	Up to \$30 allowance	Once every 12 months
Eyeglass Frames			
One pair of eyeglass frames	\$150 allowance, then 20% off any remaining balance	Up to \$45 allowance	Once every 24 months
Eyeglass Lenses (<i>instead of contact lenses</i>)			
One pair of standard plastic prescription lenses: <ul style="list-style-type: none">Single vision lensesBifocal lensesTrifocal lenses	\$25 copay \$25 copay \$25 copay	Up to \$25 allowance Up to \$40 allowance Up to \$55 allowance	Once every 12 months
Eyeglass Lens Enhancements			
When obtaining covered eyewear from a UniView Vision provider, you may choose to add any of the following lens enhancements at no extra cost.			
<ul style="list-style-type: none"> Lenses (for a child under age 19)Standard polycarbonate (for a child under age 19)Factory scratch coating	\$0 copay \$0 copay \$0 copay	No allowance when obtained out-of-network	Same as covered eyeglass lenses
Contact Lenses (<i>instead of eyeglass lenses</i>)			
Contact lens allowance will only be applied toward the first purchase of contacts made during a benefit period. Any unused amount remaining cannot be used for subsequent purchases in the same benefit period, nor can any unused amount be carried over to the following benefit period.			
<ul style="list-style-type: none">Elective conventional (non-disposable) OR <ul style="list-style-type: none">Elective disposable OR <ul style="list-style-type: none">Non-elective (medically necessary)	\$150 allowance, then 15% off any remaining balance \$150 allowance (<i>no additional discount</i>) Covered in full	Up to \$105 allowance Up to \$105 allowance Up to \$210 allowance	Once every 12 months

This is a primary vision care benefit intended to cover only routine eye examinations and corrective eyewear. UniView Vision is for routine eye care only. If you need medical treatment for your eyes, visit a participating eye care doctor from your medical network. Benefits are payable only for expenses incurred while the group and insured person's coverage is in force. This information is intended to be a brief outline of coverage. All terms and conditions of coverage, including benefits and exclusions, are contained in the member's policy, which shall control in the event of a conflict with this overview. This benefit overview is only one piece of your entire enrollment package.

EXCLUSIONS & LIMITATIONS (not a comprehensive list – please refer to the member Certificate of Coverage for a complete list)

Combined Offers. Not to be combined with any offer, coupon, or in-store advertisement.

Excess Amounts. Amounts in excess of covered vision expense.

Sunglasses. Plano sunglasses and accompanying frames.

Safety Glasses. Safety glasses and accompanying frames.

Not Specifically Listed. Services not specifically listed in this plan as covered services.

Lost or Broken Lenses or Frames. Any lost or broken lenses or frames are not eligible for replacement unless the insured person has reached his or her normal service interval as indicated in the plan design.

Non-Prescription Lenses. Any non-prescription lenses, eyeglasses or contacts. Plano lenses or lenses that have no refractive power.

Orthoptics. Orthoptics or vision training and any associated supplemental testing.

OPTIONAL SAVINGS AVAILABLE FROM UNIVIEW VISION IN-NETWORK PROVIDERS ONLY		In-network Member Cost (after any applicable copay)
Retinal Imaging - at member's option can be performed at time of eye exam		Not more than \$39
Eyeglass lens upgrades When obtaining eyewear from a UniView Vision provider, you may choose to upgrade your new eyeglass lenses at a discounted cost. Eyeglass lens copayment applies.	<ul style="list-style-type: none"> • Transitions lenses (Adults) \$75 • Standard Polycarbonate (Adults) \$40 • Tint (Solid and Gradient) \$15 • UV Coating \$15 • Progressive Lenses¹ <ul style="list-style-type: none"> • Standard \$65 • Premium Tier 1 \$85 • Premium Tier 2 \$95 • Premium Tier 3 \$110 • Anti-Reflective Coating² <ul style="list-style-type: none"> • Standard \$45 • Premium Tier 1 \$57 • Premium Tier 2 \$68 • Other Add-ons 20% off retail price 	
Additional Pairs of Eyeglasses Anytime from any UniView Vision network provider.	<ul style="list-style-type: none"> • Complete Pair 40% off retail price • Eyeglass materials purchased separately 20% off retail price 	
Eyewear Accessories	<ul style="list-style-type: none"> • Items such as non-prescription sunglasses, lens cleaning supplies, contact lens solutions, eyeglass cases, etc. 20% off retail price 	
Contact lens fit and follow-up A contact lens fitting and up to two follow-up visits are available to you once a comprehensive eye exam has been completed.	<ul style="list-style-type: none"> • Standard contact lens fitting³ • Premium contact lens fitting⁴ 	Up to \$55 10% off retail price
Conventional Contact Lenses	<ul style="list-style-type: none"> • Discount applies to materials only 15% off retail price 	

¹ Please ask your provider for his/her recommendation as well as the available progressive brands by tier.

² Please ask your provider for his/her recommendation as well as the available coating brands by tier.

³ Standard fitting includes spherical clear lenses for conventional wear and planned replacement. Examples include but are not limited to disposable and frequent replacement.

⁴ Premium fitting includes all lens designs, materials and specialty fittings other than standard contact lenses. Examples include but are not limited to toric and multifocal.

Discounts are subject to change without notice. Discounts are not 'covered benefits' under your vision plan and will not be listed in your certificate of coverage. Discounts will be offered from in-network providers except where state law prevents discounting of products and services that are not covered benefits under the plan. Discounts on frames will not apply if the manufacturer has imposed a no discount policy on sales at retail and independent provider locations. Some of our in-network providers include:



ADDITIONAL SAVINGS AVAILABLE THROUGH UNICARE'S SPECIAL OFFERS PROGRAM *

Savings on items like additional eyewear after your benefits have been used, non-prescription sunglasses, hearing aids and even LASIK laser vision correction surgery are available through a variety of vendors. Just **log in at unicare.com**, select discounts, then Vision, Hearing & Dental.

* Discounts cannot be used in conjunction with your covered benefits.

OUT-OF-NETWORK

If you choose to receive covered services or purchase covered eyewear from an out-of-network provider, network discounts will not apply and you will be responsible for payment of services and/or eyewear materials at the time of service. Please complete an out-of-network claim form and submit it along with your itemized receipt to the fax number, email address, or mailing address below. To download a claim form, log in at **unicare.com**, or from the home page menu under Customer Support select Download Forms, scroll down under the heading for Claims and select Vision Claim Form. You may instead call member services at **1-888-884-8428** to request a claim form.

To Fax: 866-293-7373
To Email: oonclaims@eyewearspecialoffers.com
To Mail: UniView Vision
 Attn: Out-of-Network Claims
 P.O. Box 8504
 Mason, OH 45070-7111

Provider Name		Provider City	Provider State	Provider Zip Code	Provider Specialty Type	Claim Amount	Services	Members
GUDEMAN JONATHAN	101 W 4TH ST	SALEM	VA	24153	Optometry	\$8,051.35	123	78
PALMER KATELYN	101 W 4TH ST	SALEM	VA	24153	Optometry	\$7,947.65	118	79
SCOTHORN DONALD	426 W MAIN ST	SALEM	VA	24153	Optometry	\$8,692.50	92	79
JOHNSON KATHRYN	3763 FRANKLIN RD SOUTHWEST	ROANOKE	VA	24014	Optometry	\$6,762.81	116	61
COOLBAUGH KEVIN	33 BRITISH WOODS DR	ROANOKE	VA	24019	Optometry	\$5,457.00	83	70
WANG BENJAMIN	1205 W MAIN ST	SALEM	VA	24153	Optometry	\$5,962.04	106	55
LENSCRAFTERS VALLEY	2855 STEVENS CREEK BLVD	SANTA CL	CA	95050	Multi-spcl Cl	\$7,131.34	155	76
CLARK CHRISTOPHER	33 B BRITISH WOODS DR	ROANOKE	VA	24019	Optician	\$6,692.17	139	70
DIETELS GUY	1455 TOWNE SQUARE BLVD	ROANOKE	VA	24012	Optometry	\$3,150.00	70	70
BOOTHE KARI	33 BRITISH WOODS DR	ROANOKE	VA	24019	Optometry	\$4,192.00	62	50
JOHNSON MICHAEL	5049 VALLEY VIEW BLVD NORTHWST	ROANOKE	VA	24012	Optometry	\$4,461.29	72	42
AMERICAS BEST	33561 YUCAIPA BLVD	YUCAIPA	CA	92399	Optician	\$4,868.15	109	57
KARTESZ ANDREW	3260 ELECTRIC RD	ROANOKE	VA	24018	Optometry	\$3,723.20	58	35
JESSUP NEAL	2205 ORANGE AVE NORTHEAST	ROANOKE	VA	24012	Optometry	\$4,016.50	64	38
NEWMAN MILES	3763 FRANKLIN RD SOUTHWEST	ROANOKE	VA	24014	Optometry	\$3,602.25	59	31
STEWART ANGELA	2205 ORANGE AVE NORTHEAST	ROANOKE	VA	24012	Optometry	\$3,556.90	60	37
CURRAN PATRICK	1205 W MAIN ST	SALEM	VA	24153	Optometry	\$2,516.71	56	31
GIUSTO KENNETH	4922 VALLEY VIEW BLVD NW	ROANOKE	VA	24012	Optometry	\$2,266.50	42	28
BRISLEY JON	426 W MAIN ST	SALEM	VA	24153	Ophthalmol	\$3,239.50	42	26
COX WILLIAM	300 VIRGINIA AVE WEST	VINTON	VA	24179	Optician	\$3,348.40	70	35
MANN WILLIAM	101 W 4TH ST	SALEM	VA	24153	Optometry	\$2,829.50	46	32
STRELOW SCOTT	426 W MAIN ST	SALEM	VA	24153	Ophthalmol	\$6,766.30	34	23
WOODS ERIN	3260 ELECTRIC RD	ROANOKE	VA	24018	Optometry	\$1,792.50	35	22
GIUSTO KENNETH	3260 ELECTRIC RD	ROANOKE	VA	24018	Optometry	\$2,418.05	34	22
ANDREWS MEGAN	426 W MAIN ST	SALEM	VA	24153	Optometry	\$2,255.50	31	23



COUNTY OF ROANOKE - Total Account

Current Period: Jan 2021 - Dec 2021

By accepting this Provider Report, you agree to only use and disclose the data it contains for the intended purpose of conducting an analysis of Member network utilization for the purpose described in your written request for the Provider Report. You are not permitted to use or disclose this data for any other purpose without Anthem's advance written consent (which may be granted only upon execution of Confidentiality Agreement at Anthem's sole discretion). You are also not permitted to combine this data with other data to reveal a provider negotiated rate or discount.

Provider Name	Provider Address	Provider City	Provider State	Provider Zip Code	Provider Specialty Type
1-800 CONTACTS INC	66 E WADSWORTH PARK DR	DRAPER	UT	84020	Not Applicable
ADER JR KEVIN	3938 S AMHERST HIGHWAY	MADISON HEIGHTS	VA	24572	Optometry
ADER JR KEVIN	3938 S AMHERST HIGHWAY	MADISON HEIGHTS	VA	24572	Optometry
AKERS DONNIE	395 S MAIN STREET	ROCKY MOUNT	VA	24151	Optometry
ALI EMMA-CATHERINE	70 SUMMERFIELD CT	ROANOKE	VA	24019	Optometry
ALLEN NEYSA	365 TANYARD RD	ROCKY MOUNT	VA	24151	Optometry
ALLEN NEYSA	3260 ELECTRIC RD	ROANOKE	VA	24018	Optometry
ALLEN NEYSA	4922 VALLEY VIEW BLVD NW	ROANOKE	VA	24012	Optometry
ALTICE-WEAVER CHRISTIE	701 LYNNHAVEN PKWY	VIRGINIA BEACH	VA	23452	Optometry
AMERICAS BEST	33561 YUCAIPA BLVD	YUCAIPA	CA	92399	Optician
ANDERSON CATHY	2413 WARDS RD	LYNCHBURG	VA	24502	Optometry
ANDREWS MEGAN	426 W MAIN ST	SALEM	VA	24153	Optometry
AYERS ROBIN	2514 LANGHORNE RD	LYNCHBURG	VA	24501	Optometry
BENNETT EMILY	122 TAZEWEILL ST	PEARISBURG	VA	24134	Optometry
BEST KAREN	300 VIRGINIA AVE WEST	VINTON	VA	24179	Optometry
BOOTHE KARI	33 BRITISH WOODS DR	ROANOKE	VA	24019	Optometry
BRADLEY PATRICK	4910 VALLEY VIEW BLVD	ROANOKE	VA	24012	Ophthalmology
BRISLEY JON	426 W MAIN ST	SALEM	VA	24153	Ophthalmology
BROWN JULIE	4244 VIRGINIA AVE	COLLINSVILLE	VA	24078	Optometry

CAMPBELL ANTONIO	115 COLISEUM CROSSING	HAMPTON	VA	23666	Optometry
CLARK CHRISTOPHER	33 B BRITISH WOODS DR	ROANOKE	VA	24019	Optician
CLARK HELEN	122 TAZEWELL ST	PEARISBURG	VA	24134	Optometry
CLARK NICKOLAS	122 TAZEWELL ST	PEARISBURG	VA	24134	Optometry
CONTACTS DIRECT	4000 LUXOTTICA PLACE	MASON	OH	45040	Multi-spcl Clnr or Grp Prac/si
COOLBAUGH KEVIN	33 BRITISH WOODS DR	ROANOKE	VA	24019	Optometry
COOLBAUGH SHARI	13295 BOOKER T WASHINGTON HWY	HARDY	VA	24101	Optometry
COTTER FRANK	426 W MAIN ST	SALEM	VA	24153	Ophthalmology
COX TAMMY	300 VIRGINIA AVE WEST	VINTON	VA	24179	Optician
COX WILLIAM	300 VIRGINIA AVE WEST	VINTON	VA	24179	Optician
CURL MICHAEL	1503 ENTERPRISE DR	LYNCHBURG	VA	24502	Optometry
CURRAN PATRICK	1205 W MAIN ST	SALEM	VA	24153	Optometry
DARNER REAGAN	426 W MAIN ST	SALEM	VA	24153	Optometry
DETLOFF JENNIFER	4822C VALLEY VIEW BLVD	ROANOKE	VA	24012	Optometry
DIETELS GUY	1455 TOWNE SQUARE BLVD	ROANOKE	VA	24012	Optometry
DRISCOLL SARAH	33 BRITISH WOODS DR	ROANOKE	VA	24019	Optometry
ENG EUGENE	33 BRITISH WOODS DR	ROANOKE	VA	24019	Ophthalmology
ENGLISH ADAM	5826 RUEBUSH RD	DUBLIN	VA	24084	Optometry
ERWIN SARAH	7350 PEPPERS FERRY BLVD	RADFORD	VA	24141	Optometry
FACCIANI JOHN	426 W MAIN ST	SALEM	VA	24153	Ophthalmology
FARLEY MELISSA	7350 PEPPERS FERRY BLVD	RADFORD	VA	24141	Optometry
GIUSTO KENNETH	365 TANYARD RD	ROCKY MOUNT	VA	24151	Optometry
GIUSTO KENNETH	3260 ELECTRIC RD	ROANOKE	VA	24018	Optometry
GIUSTO KENNETH	4922 VALLEY VIEW BLVD NW	ROANOKE	VA	24012	Optometry
GOUKLER DONNA	4822C VALLEY VIEW BLVD	ROANOKE	VA	24012	Optometry
GOWEN SR MICHAEL	620 N MAIN ST	BLACKSBURG	VA	24060	Optometry
GRIFFETH KARLI	426 W MAIN ST	SALEM	VA	24153	Ophthalmology
GRIFFETH WILL	70 SUMMERFIELD CT	ROANOKE	VA	24019	Ophthalmology
GUDEMAN JONATHAN	101 W 4TH ST	SALEM	VA	24153	Optometry
HANSEN CHRISTOPHER	206 KINTER WAY	PEARISBURG	VA	24134	Optometry

HORVATH ANDREW	120 SIMONS RUN	LYNCHBURG	VA	24502	Optometry
HOSMAN STEVEN	707 SOUTH JEFFERSON ST	ROANOKE	VA	24011	Optometry
IPPOLITO DEANNA	831H TOWN CENTER DR	WAYNESBORO	VA	22980	Not Applicable
ISHAK GEORGE	1871 CARL D SILVER PARKWAY	FREDERICKSBURG	VA	22401	Optometry
JENNINGS MICHAEL	395 S MAIN STREET	ROCKY MOUNT	VA	24151	Optometry
JESSUP NEAL	2205 ORANGE AVE NORTHEAST	ROANOKE	VA	24012	Optometry
JOHNSON KATHRYN	3763 FRANKLIN RD SOUTHWEST	ROANOKE	VA	24014	Optometry
JOHNSON MICHAEL	5049 VALLEY VIEW BLVD NORTHWST	ROANOKE	VA	24012	Optometry
JOHNSON RICHARD	1802 BRAEBURN DR	SALEM	VA	24153	Ophthalmology
KARTESZ ANDREW	365 TANYARD RD	ROCKY MOUNT	VA	24151	Optometry
KARTESZ ANDREW	3260 ELECTRIC RD	ROANOKE	VA	24018	Optometry
KARTESZ ANDREW	4922 VALLEY VIEW BLVD NW	ROANOKE	VA	24012	Optometry
KELLER MELISSA	105 GRAND CENTRAL BLVD	POOLER	GA	31322	Optometry
KINSLER DAVID	426 W MAIN ST	SALEM	VA	24153	Ophthalmology
KLINK GARY	550 OLD FRANKLIN TNPk	ROCKY MOUNT	VA	24151	Optometry
KRINGS STACEY	2000 COASTAL GRAND CIR	MYRTLE BEACH	SC	29577	Optometry
LACH LISA	240 LOUDON RD	CONCORD	NH	03301	Optometry
LEE YALING	1507 HERSHBERGER RD NORTHWEST	ROANOKE	VA	24012	Optometry
LENSCRAFTERS COASTAL	2000 COASTAL GRAND CIR	MYRTLE BEACH	SC	29577	Multi-spcl Clnic or Grp Prac/si
LENSCRAFTERS VALLEY	2855 STEVENS CREEK BLVD	SANTA CLARA	CA	95050	Multi-spcl Clnic or Grp Prac/si
MANN WILLIAM	101 W 4TH ST	SALEM	VA	24153	Optometry
MATHEW RENU	1384 TOWNE SQUARE BOULEVARD NW	ROANOKE	VA	24012	Not Applicable
MAYS GREGORY	1802 MIDLAND TRAIL	COVINGTON	VA	24426	All Other Suppliers
MCDONEL JAMES	442 PEPPERS FERRY RD	CHRISTIANSBURG	VA	24073	Optometry
MELCHIONE COURTNEY	1440 S MAIN ST	BLACKSBURG	VA	24060	Optometry
MOSHOURES CHRISTOPHER	1620 N HOWE ST	SOUTHPORT	NC	28461	Optometry
MYERS CARL	8125 TIMBERLAKE ROAD	LYNCHBURG	VA	24502	Optometry
NEWMAN MILES	3763 FRANKLIN RD SOUTHWEST	ROANOKE	VA	24014	Optometry
NGUYEN TONY	6643 ARLINGTON BLVD	FALLS CHURCH	VA	22042	Optometry
NGUYEN VI	1620 AVALON RD	WINTER GARDEN	FL	34787	Optometry

OUT OF NETWORK	OUT OF NETWORK	MASON	OH	45040	Not Applicable
PALMER KATELYN	101 W 4TH ST	SALEM	VA	24153	Optometry
PAULAS PAIGE	2514 LANGHORNE RD	LYNCHBURG	VA	24501	Optometry
PEARLE VISION VALLEY	4750 VALLEY VIEW BLVD NW	ROANOKE	VA	24012	Multi-spcl Clnr or Grp Prac/si
PIERY KRISTEN	426 W MAIN ST	SALEM	VA	24153	Optometry
POLING TIMOTHY	101 W 4TH ST	SALEM	VA	24153	Optometry
QUESENBERRY JARED	1332 A LOWRY ST	BEDFORD	VA	24523	Optometry
ROZELLE THOMAS	2514 LANGHORNE RD	LYNCHBURG	VA	24501	Optometry
SCHAUBACH OLIVIA	33 BRITISH WOODS DR	ROANOKE	VA	24019	Optometry
SCOTHORN DONALD	426 W MAIN ST	SALEM	VA	24153	Optometry
STEWART ANGELA	2205 ORANGE AVE NORTHEAST	ROANOKE	VA	24012	Optometry
STRELOW BRYAN	426 W MAIN ST	SALEM	VA	24153	Ophthalmology
STRELOW SCOTT	426 W MAIN ST	SALEM	VA	24153	Ophthalmology
TARGET OPTICAL	1652 BEECHER RD	YORKVILLE	IL	60560	Multi-spcl Clnr or Grp Prac/si
TAYLOR DONALD	332 NORTH ST	BLUEFIELD	WV	24701	Optometry
THE VISION CENTER IN	12182 HWY 92	WOODSTOCK	GA	30188	Optician
THOMPSON WILLIAM	1960 ELECTRIC RD	ROANOKE	VA	24018	Ophthalmology
TIMS JOSEPH	3320 FRANKLIN RD	ROANOKE	VA	24014	Ophthalmology
VELOSO ASHLEY	2514 LANGHORNE RD	LYNCHBURG	VA	24501	Optometry
VISTAR EYE CENTER	426 W MAIN ST	SALEM	VA	24153	All Other Suppliers
WANG BENJAMIN	1205 W MAIN ST	SALEM	VA	24153	Optometry
WATSON BRUCE	1819 ELECTRIC RD	ROANOKE	VA	24018	Ophthalmology
WHEATLEY SHAD	843 W STUART DR	HILLSVILLE	VA	24343	Optometry
WILCOX THOMAS	4135 FRANKLIN RD	ROANOKE	VA	24018	Optometry
WILLIAMS SARA	831H TOWN CENTER DR	WAYNESBORO	VA	22980	Optometry
WINDHAM LAUREN	33 BRITISH WOODS DR	ROANOKE	VA	24019	Optometry
WOODS ERIN	3260 ELECTRIC RD	ROANOKE	VA	24018	Optometry
WOODS ERIN	4922 VALLEY VIEW BLVD NW	ROANOKE	VA	24012	Optometry
YEE WILLIAM	1384 TOWNE SQUARE BOULEVARD NW	ROANOKE	VA	24012	Optometry