DeltaVision Vision Benefit Summary for the Employees of School Dist of Fort Atkinson

Materials Only Benefit Design

Your DeltaVision benefit plan is administered through EyeMed Vision Care, one of the nation's leading vision providers. This plan includes coverage for contacts, lenses, frames and discounts on laser vision correction.

The benefit summary below does not cover all plan details. Further information can be found in the Summary of Benefits within the DeltaVision Benefit Handbook. That document provides a thorough explanation of your vision plan, including any limitations or exclusions that might apply. If there are any discrepancies between information found here and the group contract, the group contract shall govern.

A Brief Summary of Benefits

Frame, Lenses & Lens Options Allowance (Materials) or Contact Lenses Allowance (Materials)	\$200 12/12 months	
Frequency – Lenses / Frames or Contact Lenses		
Frequency based on date of service, not benefit plan year		
	Network	Non-Network
	Benefit	Reimbursement
Exam with dilation on pagesony	Access Network	NA
Exam with dilation as necessary	NA	NA
Glasses Frames – Any available frame at provider location	\$200 allowance, then 20% off balance	\$100
 one every 12 months 		
Standard Plastic Lenses – one every 12 months		
Single Vision		
Bifocal		
Trifocal		
Lens Options		
UV coating		
Tint (Solid & Gradient)		
Standard Scratch Resistance		
Standard Polycarbonate		
Standard Progressive (add-on to bifocal)		
Standard Anti-Reflective Coating		
Other Add-Ons and Services		
Contact Includes fit, follow-up and materials.		
Lenses – in lieu of eyeglass lenses		
 one every 12 months 		
Conventional	\$200 allowance, then 15% off balance	\$160
Disposable	\$200 allowance	\$160
Medically Necessary (authorization required)	Paid in full	\$200
Laser Vision Correction – Lasik or PRK	15% off retail price or 5% off promotional price	None
Dependent Age Limitation – Dependents covered to the end of	f the month in which they reach age 26	

Accessing Your DeltaVision Benefit

Receiving your vision benefit is as easy as visiting your nearest EyeMed Vision Care network provider. Inform your provider you are a DeltaVision member with EyeMed and give them your full name and date of birth. You may present your ID card but is not required to receive services.

How to Maximize Your DeltaVision Plan

- Use providers participating in the Access network; your benefit dollars will go farther at participating providers.
- Use your full benefit allowance. Frames and lenses (plastic or contact) each have an annual benefit allowance; the benefit allowance must be used on a single purchase day.
- Frequency of benefits; your benefit frequency is based on the date of service. For example, you'll be covered for another lenses, frames or contacts 12 months after your last purchase.
- Participating providers offer 20% off retail price on items/materials not covered by the plan (safety glasses excluded).
- Participating providers may offer promotional pricing on vision materials. You can partake in either the DeltaVision Network Benefit or the promotional price available, but not both. Your provider can help you to determine which is best for you. If you select the promotional pricing you can submit your expenses for Non-Network Reimbursement.
- Additional pairs of glasses, including prescription sunglasses, receive 40% off retail price.
- Participating providers offer 15% off retail price above and beyond the allowance amount for conventional contact lenses.
- Prescription sunglasses can be purchased with your benefit allowance for frames and plastic lenses.
- A 20% discount may be available on some brands of non-prescription sunglasses from participating providers ask your vision provider.
- Your vision benefits include both a frame allowance and a lens allowance. The lens allowance will cover either eye glass lenses or contact lenses. If you purchase both glasses and contacts, you will be responsible for the cost of either the eye glass lens or the contacts, depending upon which was purchased first. Your provider can assist you on making the best choice to maximize your vision benefit.
- Premium progressive lenses are more costly than standard progressive lenses. Please discuss your costs for progressive lenses with your vision provider.
- Discounts do not apply for benefits provided by other group benefit plans.
- Internet purchases of any kind are considered out-of-network.

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 nonprescription lenses and nonprescription sunglasses (except for 20% discount).
- Aniseikonic lenses.
- Services or materials provided by any other group benefit providing vision care.
- Two pairs of glasses in lieu of bifocals.
- Allowances are one-time use benefits; no remaining balance.
- Lost or broken materials are not covered.
- Retinal imaging.

EyeMed Vision Care Provider Network

Your DeltaVision plan is supported by the EyeMed Vision Care provider network. This large network includes private practice optometrists, ophthalmologists, and opticians, as well as many leading optical retailers, including all LensCrafters locations nationwide.

For an up-to-date listing of EyeMed providers in your area, visit our website at www.deltadentalwi.com/visionproviders, or call EyeMed's Customer Care Center at 866-723-0513. Please contact the provider prior to receiving services to verify his/her participation in the network.

Customer Service

You can find answers to most DeltaVision customer service questions by contacting EyeMed Vision Care: www.eyemedvisioncare.com or at 866-723-0513.