

# DeltaVision

## Vision Benefit Summary for the Employees of Oak Creek - Franklin Joint School District

Your DeltaVision benefit plan is administered through EyeMed Vision Care, one of the nation's leading vision providers. This plan includes coverage for important preventive eye care, 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

Frequency – Exams / Lenses or Contact Lenses / Frames <i>Frequency based on date of service, not benefit plan year</i>		12/12/24 months	
		Network Benefit Access Network	Non-Network Reimbursement
<b>Exam</b> <b>Comprehensive Eye Exam – one every 12 months</b>		Member pays \$10, plan pays balance	\$35
	<b>Contact Lens Fit and Follow-Up</b> <i>Standard – Lenses that are spherical power only, soft lens materials, including planned replacement and conventional lenses. Lenses are to be used in a daily wear (removed prior to sleep) mode only.</i>	Member pays \$0	\$40
	<i>Premium – Includes all lens powers and designs other than spherical powers (i.e., toric, multifocal, etc.), modes of wear that are extended or overnight schedules and rigid or gas permeable materials.</i>	10% off retail price, plus \$55 allowance	\$40
<b>Glasses</b> <b>Frames – Any available frame at provider location – one every 24 months</b>  <b>Standard Plastic Lenses – one every 12 months</b> Single Vision Bifocal Trifocal  <b>Lens Options</b> UV Coating Tint (Solid or Gradient) Standard Scratch Resistance Standard Polycarbonate Standard Progressive (add-on to bifocal) Standard Anti-Reflective Coating Other Add-Ons and Services		\$130 allowance, then 20% off balance	\$65
		Member pays \$10, plan pays balance	\$25
		Member pays \$10, plan pays balance	\$40
		Member pays \$10, plan pays balance	\$55
		Member pays \$15	None
		Member pays \$15	None
		Member pays \$15	None
		Member pays \$40	None
		Member pays \$75, plan pays balance	None
<b>Contact Lenses</b> <i>In lieu of eyeglass lenses - one every 12 months (Contact lens allowance covers materials only)</i> Conventional Disposable Medically Necessary		\$120 allowance, then 15% off balance	\$96
		\$120 allowance	\$96
		Paid in full	\$200
<b>Laser Vision Correction – Lasik or PRK</b>		15% off retail price or 5% off promotional price	None
<b>Dependent Age Limitation – Dependents covered to age 26</b>			

### 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 eye exam 12 months after your last eye exam.
- 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](http://www.deltadentalwi.com/visionproviders), or call EyeMed's Customer Care Center at 844-848-7090. 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](http://www.eyemedvisioncare.com) or at 844-848-7090.

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### Monthly Premiums

Single	\$6.09
Employee & Spouse	\$12.17
Employee & Child(ren)	\$12.42
Employee/Spouse/Child(ren)	\$18.51

Rates are valid through 8/31/2018

DeltaVision is offered through Wyssta Insurance Company, Inc.,  
a company of Delta Dental of Wisconsin, Inc., and is administered by EyeMed Vision Care.