

DeltaVision® MATERIALS-ONLY PLAN	
Frames, Lenses, and Lens Options Allowance ( <i>Materials</i> ), or Contact Lenses Allowance ( <i>Materials</i> )	\$250
Frequency ( <i>Lenses/Frames or Contact Lenses</i> ) <i>Based on last date of service, not calendar year</i>	1 time every 12 months
Dependent Age Limit	To age 26

BENEFIT DETAILS	Network Benefit	Non-Network Reimbursement
Comprehensive Spectacle Exam*	Not Applicable	None
Laser Vision Correction – Lasik or PRK	15% off retail price or 5% off promotional price	None
<b>Frames, Lenses, and Lens Options</b>		
Frames ( <i>Any available frame at provider location</i> ) Standard Plastic Lenses Single Vision Bifocal Trifocal Lens Options UV Coating Tint ( <i>solid &amp; gradient</i> ) Standard Scratch Resistance Standard Polycarbonate Standard Progressive Standard Anti-Reflective Coating Other Add-ons and Services	\$250 allowance, then 20% off balance	\$125
<b>Contact Lenses – Includes standard fit, follow up, and materials</b>		
Conventional	\$250 allowance, then 15% off balance	\$200
Disposable	\$250 allowance	\$200
Medically Necessary**	Paid in full	\$200

\*The Materials-Only plan offers no benefit for comprehensive exams.

\*\*Medically necessary contacts require authorization from a vision doctor when some conditions are present.

Please contact the plan for more information.

*This is not a complete description of benefits, exclusions, or limitations.*

### Additional In-Network Discounts

- 20% discount on items not covered by the plan at network providers. This discount may not be combined with any other discounts or promotional offers. This discount does not apply to an EyeMed® provider's professional services or contact lenses. Retail prices may vary by location.
- 40% discount on complete eyeglass purchases once the funded benefit has been used.
- 15% discount on conventional contact lenses once the funded benefit has been used.
- Members can purchase contact lenses online and apply their in-network contact allowance at [www.contactsdirect.com](http://www.contactsdirect.com).
- Discounts do not apply for benefits provided by other group benefit plans.

### How to Maximize Your DeltaVision Plan

- Use providers participating in your vision plan 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 the 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.

*This is not a complete description of benefits, exclusions, or limitations. This proposal is not a guarantee of coverage. A group application is required. Rates subject to change based on actual employer contribution, participation, plan selection and approval by Delta Dental of Wisconsin Underwriting. Final rates are guaranteed for 24 months from the effective date of coverage unless otherwise specified.*