

# YOUR VISION BENEFITS

Prepared for the employees of County of Dane

The summary below does not cover all plan details. Further information can be found in the vision benefit handbook, which 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.

## DeltaVision® Materials-Only Plan

<b>Network</b>	Insight
<b>Frame/Contact Allowance</b>	\$150/\$150
<b>Frequency (lenses/contact lenses/frames)</b> Based on last date of service	12 months/12 months/24 months
<b>Dependent Age Limit</b>	To age 26

Benefit Details	Network Benefit	Out-of-Network Reimbursement
<b>Comprehensive Glasses Exam*</b>	N/A	N/A
<b>Laser Vision Correction</b> ( <i>Lasik or PRK</i> )	\$15 off retail price or 5% off promotional price	N/A

## Frames

<b>Frames</b> ( <i>any available frame at provider location</i> )	\$150 allowance, then 20% off balance	\$45
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## Standard Plastic Lenses

Single Vision	Member pays \$0, plan pays balance	\$40
Bifocal	Member pays \$0, plan pays balance	\$60
Trifocal	Member pays \$0, plan pays balance	\$80
Lenticular	Member pays \$0, plan pays balance	\$80

## Lens Options

UV Coating	Member pays \$15	None
Tint ( <i>solid and gradient</i> )	Member pays \$15	None
Standard Scratch Resistance	Member pays \$0	\$11
Standard Polycarbonate	Member pays \$40	None
Transition Lenses	Member pays \$75	None
Standard Progressive	Member pays \$65	None
Premium Progressive	See next page for benefit details	
Standard Anti-Reflective Coating	Member pays \$45	None
Premium Anti-Reflective Coating	See next page for benefit details	
Other Add-Ons and Services	20% off retail price	None

\*The materials only plan offers no benefit for comprehensive exams.

Benefit Details (continued)	Network Benefit	Out-of-Network Reimbursement
<b>Premium Progressive Lens</b>		
Tier 1	\$91 copay	None
Tier 2	\$97 copay	None
Tier 3	\$103 copay	None
Tier 4	\$65 copay + 80% of charge less \$120 allowance	None
<b>Premium Anti-Reflective Coating</b>		
Tier 1	\$57	None
Tier 2	\$68	None
Tier 3	20% off retail price	None
<b>Contact Lenses (Contact lens allowance covers materials only)</b>		
Conventional	\$150 allowance, then 15% off balance	\$150
Disposable	\$150 allowance	\$150
Medically Necessary**	Paid in Full	\$210

\*\*Medically necessary contacts require authorization from a vision doctor when some conditions are present. Please contact the plan for more information.

### 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 (i.e. exams) or contact lenses. Retail prices may vary by location.
- 40% discount on complete eyeglass purchases after your plan benefits have been fully used (includes prescription sunglasses).
- 15% discount on conventional contact lenses after your plan benefits have been fully used.
- Members can purchase eyeglasses online and apply their in-network eyeglass benefits at [www.glasses.com](http://www.glasses.com).
- Members can purchase contact lenses online and apply their in-network contact lenses benefits 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. For an up-to-date listing of EyeMed providers in your area, visit our website at <https://www.deltadentalwi.com/vision> or call EyeMed's Customer Care Center at 844-848-7090.
- 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 day purchase; there is no remaining balance if entire allowance is not used after initial purchase.
- Frequency of benefits: your benefit frequency is based on date of service, not calendar year. For example, you'll be covered for a new frames/lenses/lens options or contact lens allowance 12 months after you last used your plan allowance.
- 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.
- Prescription sunglasses can be purchased with your benefit allowance for frames and plastic lenses.
- A 20% discount may be available on selected brands of non-prescription sunglasses from participating providers — ask your vision provider.

### 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; there is no remaining balance if entire allowance is not used after initial purchase.
- Lost or broken materials are not covered.