

**DELTAVISION
SUMMARY OF BENEFITS
FOR COVERED EMPLOYEES OF:**

Monona Grove School District

(See Vision Benefits Handbook for definitions of capitalized terms.)

GROUP NUMBER: 40434

EFFECTIVE DATE OF PROGRAM: January 1, 2012

OPEN ENROLLMENT

Changes in enrollment status will be considered during an Open Enrollment Period 30 days prior to the Contract renewal date, with changes becoming effective on the renewal date.

WAITING PERIOD

Employees and their Dependents who apply for coverage after their initial eligibility period or without a qualifying event (loss of spousal benefits, marriage, divorce, birth or adoption, or the loss of employee coverage through another insurer) will:

Wait until the next Open Enrollment Period.

TERMS OF ELIGIBILITY

Eligibility begins:

For eligible new employees, eligibility begins the first day of the month following the waiting period.

For eligible new employees, the waiting period is 0 days.

For employees enrolling their dependents:

Dependent children are eligible through the end of the month in which they attain age 26, regardless of student status, or if age 26 and beyond, to the date they lose eligibility due to the Dependent's inability to meet all of the requirements in the Handbook.

Part-time employees are not covered; minimum hours worked must average at least 30 per week.

SCHEDULE OF BENEFITS, LIMITATIONS AND COVERAGE PERCENTAGE

This Plan provides the following Benefits subject to the Allowance or Copayment amount listed for each Benefit. The Allowances and Copayments may vary based upon the network membership of the vision provider at the time the services were rendered.

Contracted Provider Network: Access

To be entitled to benefits, a network provider must be utilized. Please see the vision provider search on either the Delta Dental of Wisconsin or Vision Provider's website.

SPECIAL CONDITIONS

Changes in coverage due to a qualifying event will be effective the date of the event.

Network = Contracted Vision Provider

Non-Network = Noncontracted Vision Provider

DeltaVision		
	Network Benefit	Non-Network Reimbursement
Comprehensive Spectacle Exam	N/A	N/A
Frames -- <i>Any available frame at provider location.</i>	Allowance of \$200, then 20% discount off balance over allowance	\$100
Standard plastic lenses		
Single vision		
Bifocal		
Trifocal		
Lens options		
UV coating		
Tint (solid & gradient)		
Standard scratch resistance		
Standard polycarbonate		
Standard progressive		
Premium progressive		
Standard anti-reflective coating		
Other add-ons and services		
Contact lenses – In lieu of Spectacles <i>Includes Standard fit, follow-up and materials</i>		
Conventional	Allowance of \$200, then 15% discount off balance over allowance	\$160
Disposable	Allowance of \$200	\$160
Medically necessary	Paid in full	\$200
Laser vision correction – <i>Lasik or PRK</i>	15% off retail price or 5% off promotional price	None
Frequency – Lenses / Frames or contact lenses	1x every 12 months	

Additional network discounts

- **20% discount on items not covered by the Plan at network providers, which may not be combined with any other discounts or promotional offers, and the discount does not apply to Contracted Provider's professional services, or contact lenses. Retail prices may vary by location.**
- **Members also receive a 40% discount on complete eyeglass purchases and a 15% discount on conventional contact lenses once the funded benefit has been used.**

Not all network providers offer Laser Vision correction services. Please contact your provider for availability of these services.