

YOUR VISION BENEFITS

Prepared for the employees of Verona Area School District

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

Network	Access
Frames, Lenses, and Lens Options (materials) or Contact Lens Allowance (materials)	\$250
Frequency (lenses/frames or contact lenses) Based on date of service	Once every 12 months
Dependent Age Limit	To age 26

Benefit Details	Network Benefit	Out-of-Network Reimbursement
Comprehensive Glasses Exam*	None	None
Laser Vision Correction (Lasik or PRK)	15% off retail price or 5% off promotional price	None

Frames, Lenses, and Lens Options

Frames (any available frame at provider location)	\$250 allowance, then 20% off balance	\$125
Standard Plastic Lenses		
Single Vision		
Bifocal		
Trifocal		
Lens Options		
UV Coating		
Tint (solid and gradient)		
Standard Scratch Resistance		
Standard Polycarbonate		
Standard Progressive		
Standard Anti-Reflective Coating		
Other Add-Ons and Services		

OR

Contact Lenses – Includes fit, follow up, and materials (fit and follow up cost deducted from allowance)

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.

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.
- Members can purchase contact lenses online and apply their in-network contact lenses benefits at 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.
- 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.
- Premium progressive lenses are more costly than standard progressive lenses. Please discuss your costs for progressive lenses with your vision provider.

Plan Limitations/Exclusions

- Contact lenses fit and follow up are deducted from the contact lens allowance.
- 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.
- Lost or broken materials are not covered.

DeltaVision is underwritten by Wyssta Insurance Company.