DELTAVISION
SUMMARY OF BENEFITS
FOR COVERED EMPLOYEES OF:

County of Dodge

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

GROUP NUMBER: 45631

EFFECTIVE DATE OF PROGRAM: January 1, 2024

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 employees rehired within 12 months, eligibility begins the first day of the month following the rehire date.

For eligible new employees, the waiting period is 30 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 covered; minimum hours worked must average at least 20 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: Insight

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 Benefit = Contracted Vision Provider

Non-Network Reimbursement = Noncontracted Vision Provider

DeltaVision

	Network Benefit	Non-Network Reimbursement
Comprehensive Spectacle Exam	**Member pays $10**	**$35**
Retinal Imaging	**Member pays $39**	**None**
Contact lens fit and follow-up		
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.	**Member pays up to $40**	**$0**
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.	**10% discount off retail**	**$0**
Frames -- *Any available frame at provider location.*	**$130 allowance, then 20% off balance**	**$65**
Standard plastic lenses		
Single vision	**Member pays $10**	**$25**
Bifocal	**Member pays $10**	**$40**
Trifocal	**Member pays $10**	**$55**
Lens options		
UV coating	**Member pays $15**	**None**
Tint (solid & gradient)	**Member pays $15**	**None**
Standard scratch resistance	**Member pays $15**	**None**
Standard polycarbonate	**Member pays $40**	**None**
Standard progressive	**Member pays $75**	**$40**
Premium progressive		
Tier 1	**Member pays $95**	**$60**
Tier 2	**Member pays $105**	**$60**
Tier 3	**Member pays $120**	**$60**
Tier 4	**Member pays $75, 80% of charge, less $120 allowance**	**$60**
Standard anti-reflective coating	**Member pays $45**	**None**
Premium anti-reflective coating		
Tier 1	**Member pays $57**	**None**
Tier 2	**Member pays $68**	**None**
Tier 3	**80% of charge**	**None**
Other add-ons and services	**20% off retail price**	**None**
Contact lenses – In lieu of Spectacles ***Contact lens allowance covers materials only***		
Conventional	**$120 allowance, then 15% off balance**	**$96**
Disposable	**$120 allowance**	**$96**
Medically necessary	**Paid in full**	**$200**
Laser vision correction – ***Lasik or PRK***	**15% off retail price or 5% off promotional price**	**None**

Frequency	
Exams:	**Every Calendar year**
Lenses or Contact Lenses:	**Every Calendar year**
Frames:	**Every Calendar year**

Additional in-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.

DeltaVision – Diabetic Benefits

	Network Benefit	Non-Network Reimbursement
Office service visit (medical follow-up exam)	**Member pays $0**	**$77**
Retinal imaging	**Member pays $0**	**$50**
Extended ophthalmoscopy	**Member pays $0**	**$15**
Gonioscopy	**Member pays $0**	**$15**
Scanning Laser	**Member pays $0**	**$33**
Frequency – Exams / Services	**Up to two services every calendar year**	
Definitions • **Office Service Visit (Medical Follow-up Exam):** Office visit for the evaluation and management of an established patient. The office visit includes patient history, follow-up examination services as deemed appropriate by the provider, and medical decision making. 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. • **Extended Ophthalmoscopy** with retinal drawing and interpretation and report: A serious retinal condition must exist or be suspected (based on results of routine ophthalmoscopy) which requires further detailed study. • **Gonioscopy:** A procedure to look at the anterior chamber structures of the eye between the cornea and the iris. Gonioscopy can be used in detection or treatment of conditions that can be more prevalent in diabetics such as glaucoma or neovascularization of the angle. • **Scanning Laser**: Scanning computerized ophthalmic diagnostic imaging, posterior segment with interpretation and report.		

Exclusions and Limitations

The Diabetic Benefit covers diabetic eyecare evaluation services only for Type 1 and Type 2 diabetics. The following services and benefits are excluded:

- **Costs associated with securing frames, lenses, or any other materials**
- **Orthoptics or vision training and any associated supplemental testing**
- **Surgical procedures, including laser or any other form of refractive surgery, and any pre- or post-operative services**
- **Pathological treatment of any type for any condition**
- **Any eye examination required by an employer as a condition of employment**
- **Insulin or any medications or supplies of any type**
- **Services and/or materials not included in this Rider**