DELTAVISION
SUMMARY OF BENEFITS
FOR COVERED EMPLOYEES OF:

Verona Area School District

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

GROUP NUMBER: 44612

EFFECTIVE DATE OF PROGRAM: July 1, 2023

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 date of employment.

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 0.5 FTE employees are covered; minimum hours worked must average at least 18.75 per week. Part-time hourly 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: 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 -- ***Any available frame at provider location.***	**Allowance of $250, then 20% discount off balance over allowance**	**$125**
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 *Includes Standard fit, follow-up and materials*		
Conventional	**Allowance of $250, then 15% discount off balance over allowance**	**$200**
Disposable	**Allowance of $250**	**$200**
Medically necessary	**Paid in full**	**$200**
Laser vision correction – ***Lasik or PRK***	**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.