DELTA DENTAL®

DeltaVision®

YOUR VISION BENEFITS

Prepared for the employees of Grande Cheese Company

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	Insight
Frame/Contact Allowance	$125 / $150
Copay (standard plastic lenses)	$0
Frequency (lenses or contacts/frames) Based on calendar year	12 months / 12 months
Dependent Age Limit	To age 26

Benefit Details	Network Benefit	Out-of-Network Reimbursement
Comprehensive Glasses Exam*	None	None
Frames *(any available frame at provider location)*	$125 allowance, then 20% off balance	$62.50
Laser Vision Correction *(Lasik or PRK)*	15% off retail price or 5% off promotional price	None
Standard Plastic Lenses		
Single Vision	Member pays $0, plan pays balance	$25
Bifocal	Member pays $0, plan pays balance	$40
Trifocal	Member pays $0, plan pays balance	$55
Standard Progressive	Member pays $65, plan pays balance	$40
Premium Progressive	See next page for benefit details	
Lens Options		
UV Coating	Member pays $15, plan pays balance	None
Tint *(solid and gradient)*	Member pays $15, plan pays balance	None
Standard Scratch Resistance	Member pays $15, plan pays balance	None
Standard Polycarbonate	Member pays $40, plan pays balance	None
Standard Anti-Reflective Coating	Member pays $45, plan pays balance	None
Premium Anti-Reflective Coating	See next page for benefit details	
Other Add-Ons and Services	20% off retail	None

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

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Benefit Details (continued)	Network Benefit	Out-of-Network Reimbursement
Contact Lenses – In lieu of eyeglass lenses (Contact lens allowance covers materials only)		
Conventional	$150 allowance, then 15% off balance	$120
Disposable	$150 allowance	$120
Medically Necessary***	Paid in full	$200
Premium Progressive Lens		
Tier 1	$85 copay, plan pays balance	$60
Tier 2	$95 copay, plan pays balance	$60
Tier 3	$110 copay, plan pays balance	$60
Tier 4	$65 copay, 80% of charge less $120 allowance	$60
Premium Anti-Reflective Coating		
Tier 1	$57 copay, plan pays balance	None
Tier 2	$68 copay, , plan pays balance	None
Tier 3	20% off retail	None

****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, lenscrafters.com, targetoptical.com, or rayban.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.
- 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 calendar year. For example, you'll be covered for another pair of glasses as of January 1 of the next calendar year.
- 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 Out-of-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

- 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.