

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

Van's Lumber & Custom Builders

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

GROUP NUMBER: 43524

EFFECTIVE DATE OF PROGRAM: January 1, 2020

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 60 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.

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 <i>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</i> <i>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.</i>	Member pays \$0 10% discount off retail, plus \$55 allowance	\$40 \$40
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	20% discount off retail, plus \$45 allowance	\$40
Standard anti-reflective coating	Member pays \$45	None
Other add-ons and services	20% off retail price	None
Contact lenses – In lieu of Spectacles <i>Contact lens allowance covers materials only</i>		
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 / Lenses or Contact Lenses / Frames	12/12/24 Months	
Additional in-network discounts		
<ul style="list-style-type: none"> • 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 12 months based on the date of service	
Definitions <ul style="list-style-type: none"> • 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 <p>The Diabetic Benefit covers diabetic eyecare evaluation services only for Type 1 and Type 2 diabetics. The following services and benefits are excluded:</p> <ul style="list-style-type: none"> • 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 		

V9PMCQASMB12.18.2019

DV SOB (V9) 09.2019