

DeltaVision™ MATERIALS-ONLY PLAN

Frames, Lenses, and Lens Options Allowance <i>(Materials)</i> , or Contact Lenses Allowance <i>(Materials)</i>	\$200
Frequency <i>(Lenses/Frames or Contact Lenses)</i> <i>Based on last date of service, not calendar year</i>	Once every 12 months - Does not include an exam benefit
Dependent Age Limit	To age 26

BENEFIT DETAILS

	Network Benefit	Non-Network Reimbursement
Comprehensive Spectacle Exam*	Not Applicable	None
Laser Vision Correction - Lasik or PRK	15% off retail price or 5% off promotional price	None
Frames, Lenses, and Lens Options		
<ul style="list-style-type: none"> • Frames <i>(Any available frame at provider location)</i> • Standard Plastic Lenses <ul style="list-style-type: none"> ◦ Single Vision ◦ Bifocal ◦ Trifocal • Lens Options <ul style="list-style-type: none"> ◦ UV Coating ◦ Tint <i>(solid & gradient)</i> ◦ Standard Scratch Resistance ◦ Standard Polycarbonate ◦ Standard Progressive ◦ Standard Anti-Reflective Coating ◦ Other Add-ons and Services 	\$200 allowance, then 20% off balance	50% of the selected allowance amount
Contact Lenses - Includes standard fit, follow up, and materials		
Conventional	Plan pays selected allowance, then 15% off balance	80% of the selected contact lens allowance amount
Disposable	Plan pays selected allowance amount	80% of the selected contact lens allowance amount
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 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.
- 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 purchase day.
- Frequency of benefits: your benefit frequency is based on the date of service. For example, you will get a new lenses/frames or contact lenses 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

- 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.
- Allowances are one-time use benefits; there is no remaining balance if entire allowance is not used after initial purchase.
- Lost or broken materials are not covered.