

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

City Of Appleton

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

GROUP NUMBER: 45556

EFFECTIVE DATE OF PROGRAM: January 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 first day after the waiting period.

For eligible new employees, the waiting period is 31 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
Frames -- <i>Any available frame at provider location.</i>	\$150 allowance, then 20% off balance	\$75
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 <i>Contact lens allowance covers materials only</i>		
Conventional	\$150 allowance, then 15% off balance	\$120
Disposable	\$150 allowance	\$120
Medically necessary	Paid in full	\$200
Laser vision correction – <i>Lasik or PRK</i>	15% off retail price or 5% off promotional price	None
Frequency		
Lenses or Contact Lenses:	Every Calendar year	
Frames:	Every Other Calendar year	
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. 		

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DV SOB (V9) 09.2019