



U S Venture Inc.

DeltaVision® FULL PLAN

Network	Select
Benefit Plan	Full H
Frame/Contact Allowance	\$125/\$150
Copay (exams/standard plastic lenses)	\$10/\$25
Frequency (exams/lenses or contacts/frames); Based on last date of service, not calendar year	12/12/24 months
Dependent Age Limit	To age 26

BENEFIT DETAILS

	Network Benefit	Non-Network Reimbursement
Comprehensive Spectacle Exam	Member pays \$10, plan pays balance	\$35
Retinal Imaging	Member pays up to \$39	None
Standard Contact Lens* Fit and Follow-Up	Member pays up to \$40	\$0
Premium Contact Lens** Fit and Follow-Up	10% discount off retail	\$0
Frames (any available frame at provider location)	\$125 allowance, then 20% off balance	\$63
Laser Vision Correction – Lasik or PRK	15% off retail price or 5% off promotional price	None

Diabetic Eye Care Benefits included that provide an additional office visit and diagnostic testing for those who have diabetes.

Standard Plastic Lenses

Single Vision	Member pays \$25, plan pays balance	\$25
Bifocal	Member pays \$25, plan pays balance	\$40
Trifocal	Member pays \$25, plan pays balance	\$55
Standard Progressive	Member pays \$90, plan pays balance	None

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 Anti-Reflective Coating	Member pays \$45	None
Other Add-Ons and Services	20% off retail price	None

Contact Lenses – In lieu of spectacles (Contact lens allowance covers materials only)

Conventional	\$150 allowance, then 15% off balance	\$120
Disposable	\$150 allowance	\$120
Medically Necessary***	Paid in full	\$200

*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.

**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.

***Medically necessary contacts require authorization from a vision doctor when some conditions are present. Please contact the plan for more information.

This is not a complete description of benefits, exclusions, or limitations.

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 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 www.deltadentalwi.com/visionproviders 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 purchase day.
- Frequency of benefits: your benefit frequency is based on the date of service. For example, you'll be covered for another eye exam 12 months after your last eye exam.
- 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.
- Your vision benefits include both a frame allowance and a lens allowance. The lens allowance will cover either eye glass lenses or contact lenses. If you purchase both glasses and contacts, you will be responsible for the cost of either the eye glass lens or the contacts, depending upon which was purchased first. Your provider can assist you on making the best choice to maximize your vision benefit.
- Premium progressive lenses are more costly than standard progressive lenses. Please discuss your costs for progressive lenses with your vision provider.

Plan Limitations/Exclusions

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

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