

VISION BENEFITS
ENROLLMENT
GUIDE

Delta Dental, in partnership with EyeMed,
brings you **DeltaVision**[®] - flexible,
affordable vision insurance.

CITY OF HARTFORD



Why You Need Vision Insurance

Save money. Protect your eyesight.

Why is it essential to visit an eye-care provider regularly?

You know it's important to protect your eyes, but did you also know it's important to get your eyes checked regularly to help prevent and/or treat serious health issues? For example, more than 22 million Americans aged 40 and older have cataracts, and more than two million Americans aged 40 and older have glaucoma.

FOR YOUR BUDGET: Avoid expensive eye-care procedures.

Sixty-one million adults in the U.S. are at high risk for serious vision loss. However, only half visited an eye doctor in the past 12 months. Regular eye exams can help prevent expensive follow-up treatment.

FOR YOUR HEALTH: Spot potential health risks.

Regular eye checkups assist in the early detection of diabetes and high blood pressure and can help treat or prevent glaucoma, diabetic retinopathy, and macular degeneration.

DID YOU KNOW...

vision impairment is one of the top 10 disabilities among adults? Nearly 30 million people require vision correction but don't use any.

FOR YOUR FAMILY: Children need to see well to learn well.

Up to 25 percent of school-age children may have vision problems. Children with an undiagnosed eye condition may have disadvantages in classroom settings.

Immediate savings

See how much you'd pay without vision insurance for an exam and eyeglasses*... and how much you can save (based on a plan with a \$130 frame allowance with 20% off balance of frames, and \$0 exam/copayment).

Service/Material	Average Retail Cost	DeltaVision Covers	Member Out-of-Pocket Costs
Exams*	\$84	\$84	\$0
Frames (\$130 allowance with 20% off balance of frames)	\$158	\$130 + \$5.60	\$22.40
Eyeglass Lenses Single-Vision**	\$79	\$79	\$0
Lens Options - UV Coating	\$14	\$0	\$14
Standard Scratch Resistance	\$21	\$6	\$15
Anti-Reflective Coating	\$87	\$42	\$45
TOTAL	\$443	\$346.60	\$96.40

*Not all plans include exam coverage. Refer to Your Vision Benefits to see if your plan includes exam coverage. Other plan designs or options may produce different out-of-pocket amounts.

**Contact lenses may be selected in lieu of eyeglass lenses.

Vision Savings Example

The difference vision insurance can make:

Kate and Jack

Here is an example of how DeltaVision insurance can save you money.

Kate has vision insurance through DeltaVision. She recently visited her ophthalmologist for her annual eye exam and chose a new pair of scratch-resistant eyeglasses. Using the chart shown on the previous page, Kate paid approximately \$38.

Unfortunately, Jack doesn't have vision insurance. He also visited his ophthalmologist for an annual eye exam and needed new eyeglasses. He had to pay \$342 out-of-pocket.



How DeltaVision Provides You Value

Save hundreds of dollars on frames, lenses, and lens options.

Through our partnership with EyeMed, DeltaVision can help you and your family save money and maintain good vision. DeltaVision's coverage for contact lenses and glasses, and discounts for services like laser vision correction, help you take care of your eyesight for less.

With easy enrollment and plenty of provider choices, DeltaVision delivers the best value in vision care - when you want it and where you want it - from a respected leader in vision benefit plans.

DID YOU KNOW...

we offer two of the largest vision networks in the nation, and:

- More than 62,000 provider locations nationally
- A U.S.-based call center with the industry longest customer service hours
- Choice of any brand of frames



Greater convenience

With a mix of independent providers and national retail chains, DeltaVision members have the greatest night and weekend access of any vision plan.



Bigger savings

Even after you receive your savings on your first pair of corrective eyewear, you can still save 40 percent off a second pair of glasses, 15 percent off contact lenses, and 20 percent off all products that the plan doesn't cover.



Freedom of choice

DeltaVision members can select from any frame option in the store, any lens, or any contact lens without limitations.

Save at thousands of providers nationwide including:

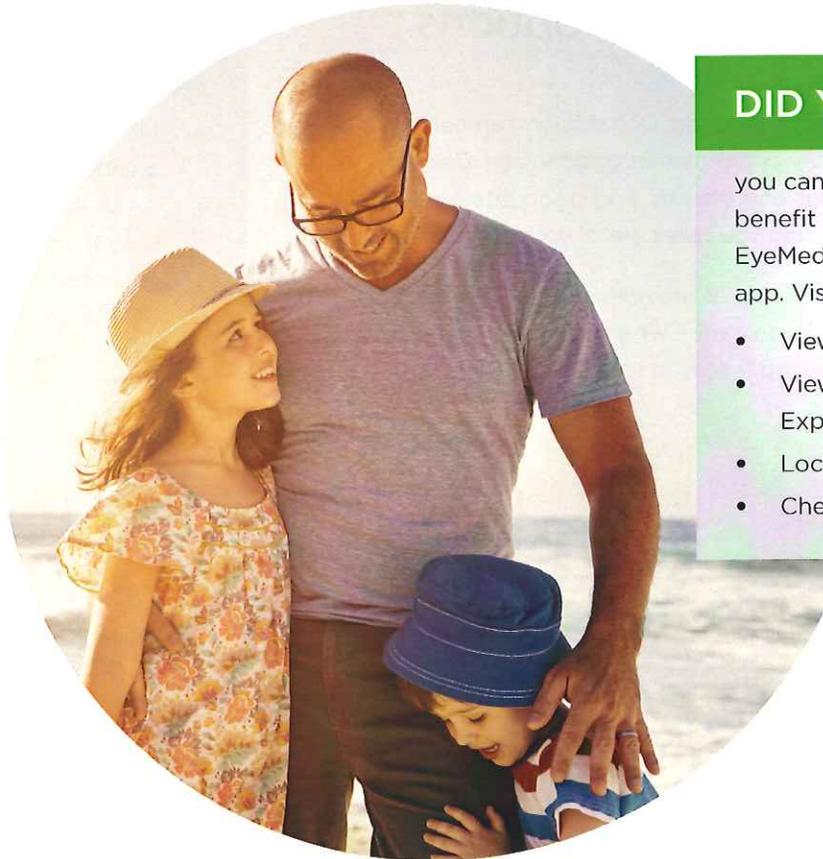


LENSCRAFTERS



Start Saving With DeltaVision

Focus on the importance of vision benefits.



DID YOU KNOW...

you can access your vision benefit information 24/7 via EyeMed's website and mobile app. Visit eyemed.com to:

- View benefits
- View/print your Explanation of Benefits
- Locate a provider
- Check claim status



How do I contact a benefit advisor?

Call our enrollment hotline at **844-848-7090** Monday - Saturday 7 a.m. - 10 p.m. (CST), Sunday 10 a.m. - 7 p.m.



How do I enroll in the plan?

Fill out a DeltaVision enrollment form and give it to your benefits representative at work.



When will I receive my ID card?

We try to mail benefit cards within a week of receiving enrollment paperwork (but the card is not required to receive benefits). You may also view your ID card on EyeMed's website or app.



Are there any waiting periods?

Unless otherwise specified, there are no waiting periods before you can obtain benefits.

DeltaVision® FULL PLAN	
Network	Access
Benefit Plan	A
Frame/Contact Allowance	\$150/\$150
Copay (exams/standard plastic lenses)	\$20/\$20
Frequency (exams/lenses or contacts/frames); <i>(Based on last date of service, not calendar year)</i>	12/12/12
Dependent Age Limit	To age 26

BENEFIT DETAILS	Network Benefit	Non-Network Reimbursement
Comprehensive Spectacle Exam	Member pays copay, plan pays balance	\$35
Standard Contact Lens* Fit and Follow-Up	Paid in full	\$40
Premium Contact Lens** Fit and Follow-Up	10% off retail price plus \$55 allowance	\$40
Frames <i>(any available frame at provider location)</i>	Plan pays frame allowance, then 20% off balance	50% of the selected in-network allowance
Laser Vision Correction - Lasik or PRK	15% off retail price or 5% off promotional price	None
Standard Plastic Lenses		
Single Vision	Member pays copay, plan pays balance	\$25
Bifocal	Member pays copay, plan pays balance	\$40
Trifocal	Member pays copay, plan pays balance	\$55
Standard Progressive	Member pays \$65 plus copay, plan pays balance	None
Lens Options		
UV Coating	Member Pays \$15	None
Tint <i>(solid & gradient)</i>	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 <i>(Contact lens allowance covers materials only)</i>		
Conventional	Plan pays contact allowance, then 15% off balance	80% of the selected allowance amount for contacts
Disposable	Plan pays contact allowance	80% of the selected allowance amount for contacts
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 or contact lenses. Retail prices may vary by location.
- 40% discount on complete eyeglass purchases once the funded benefit has been used.
- 15% discount on conventional contact lenses once the funded benefit has been used.
- Members can purchase contact lenses online and apply their in-network contact allowance 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'll be covered for another eye exam 12 months after your last eye exam.
- Participating providers offer 20% off retail price on items/materials not covered by the plan (safety glasses excluded).
- 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.
- Additional pairs of glasses, including prescription sunglasses, receive 40% off retail price.
- Participating providers offer 15% off retail price above and beyond the allowance amount for conventional contact lenses.
- Prescription sunglasses can be purchased with your benefit allowance for frames and plastic lenses.
- A 20% discount may be available on some 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.
- Discounts do not apply for benefits provided by other group benefit plans.

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; no remaining balance.
- Lost or broken materials are not covered.
- Retinal imaging.

Finding a Network Vision Provider

We're proud to work with EyeMed[®] Vision Care as the network provider for Delta Dental members who are enrolled in either a DeltaVision[®] plan or in Delta Dental's vision discount program.



The EyeMed Access and Select networks supporting our members are among the nation's largest provider networks, featuring:

- 86,000+ EyeMed access points nationwide
- Popular retail chains: LensCrafters[®], Pearle Vision[®], JCPenney Optical[®], Sears Optical[®], Target Optical[®], Shopko[®] Optical Centers, and others

on the web

- Go to www.deltadentalwi.com and select "Find A Vision Provider" from the "Provider Search" tab. Enter your city and state, or ZIP code. Additional search criteria allows you to search for providers by their last name or practice name, and ZIP code.
- Provider listings will appear, sorted by distance with network affiliation (EyeMed Access or Select) noted.
- You can then narrow your search by EyeMed Access or Select network providers, change your search radius, address, or ZIP code, and then sort by distance, name, city or ZIP code.
- Your list can be printed, emailed, or saved as a PDF.



by phone

You can also receive provider information by calling EyeMed at **844-848-7090**.

Your provider network (Access or Select) will be listed on your ID card.

mobile app

EyeMed's free mobile app is available for iOS devices. Log into iTunes or the App Store and search for "EyeMed Members." Use the secure app to access:

- Network providers, including driving directions
- Electronic ID card
- Current in-network benefits and eligibility
- EyeMed FAQs

Connect With Us



www.deltadentalwi.com

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Enrollment/Change/Waiver Form - DeltaVision

PLEASE NOTE THAT COMPLETING THIS FORM DOES NOT GUARANTEE COVERAGE.

EMPLOYER USE ONLY

GROUP NUMBER _____ EFFECTIVE DATE _____

COMPLETE THIS SECTION IF YOU ARE ACCEPTING, CHANGING, OR TERMINATING COVERAGE

EMPLOYEE LAST NAME	FIRST	M.I.	SSN OR EMPLOYER-ASSIGNED ID	DATE OF BIRTH	MO	DAY	YR	SEX	F	M
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HOME ADDRESS - STREET	CITY	STATE	ZIP
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EMPLOYER NAME	EMPLOYER LOCATION	CITY	STATE	DATE OF HIRE	MO	DAY	YR
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LIST ALL ELIGIBLE FAMILY MEMBERS TO BE COVERED				RELATIONSHIP		DATE OF BIRTH				
SPOUSE LAST NAME (IF DIFFERENT)	FIRST	M.I.	SON	DAU.	MO	DAY	YR			

REASON FOR SUBMITTING THIS FORM

NEW ENROLLEE **REHIRE** (Date: _____)

IF THIS IS FOR CHANGE, WHAT IS THE REASON?	Date Occurred
Birth/Adoption (Name: _____)	_____
Marriage/ Divorce	_____
Add/ Drop Dependent (Name: _____)	_____
Termination of Benefits (Reason: _____)	_____
Loss of Dental Benefits	_____
Name Change (Former Name: _____)	_____
Address Change (_____)	_____
Group Transfer (From _____ To _____)	_____
COBRA Application	_____

COVERAGE TYPE

WHAT TYPE OF COVERAGE ARE YOU APPLYING FOR?

Employee Only Employee & Spouse
Employee & Child(ren) Entire Family

YOUR MARITAL STATUS Single Married

If you are not accepting coverage for your spouse or dependents, are they covered by another vision plan? Yes No

ACCEPT COVERAGE

Signature is Required Date

COMPLETE THIS SECTION ONLY IF YOU ARE WAIVING COVERAGE

EMPLOYEE LAST NAME	FIRST	M.I.	SSN OR EMPLOYER-ASSIGNED ID	PLEASE CHECK ONE: I have coverage through my spouse I have other vision coverage I do not have other vision coverage
EMPLOYER NAME	EMPLOYER LOCATION	CITY	STATE	

WAIVE COVERAGE _____
Signature is Required Date

Acceptance of Coverage
I accept the insurance provided by my employer's group insurance plan. I authorize deductions from my earnings for the required contributions toward the cost of insurance. (This authorization applies only if employee contributions are required.) I understand that by accepting insurance, I am required to remain enrolled as a covered employee and cannot make an elective change in the coverage selected until the next open enrollment period, if there is one provided for in the Master Agreement to Provide Vision Benefits.

Waiver of Coverage
I understand that if I decide not to apply for coverage, or if I apply only for single coverage even though I am eligible for family coverage, any subsequent application will be subject to the applicable terms and conditions of the Master Agreement to Provide Vision Benefits, which may require additional limitations and waiting periods. I also understand that Delta Dental of Wisconsin, Inc. reserves the right to reject such an application.

