

DeltaVision

Vision Benefit Summary for the Employees of School Dist of South Milwaukee

Your DeltaVision benefit plan is administered through EyeMed Vision Care, one of the nation's leading vision providers. This plan includes coverage for important preventive eye care, and discounts on laser vision correction.

The benefit summary below does not cover all plan details. Further information can be found in the Summary of Benefits within the DeltaVision Benefit Handbook. That document provides a thorough explanation of your vision plan, including any limitations or exclusions that might apply. If there are any discrepancies between information found here and the group contract, the group contract shall govern.

A Brief Summary of Benefits

Frequency – Exams / Lenses or Contact Lenses / Frames <i>Frequency based on date of service, not benefit plan year</i>		12/12/24 months	
		New South Milwaukee School Dist of South Milwaukee	Member Payable
Exam	Comprehensive Eye Exam – one every 12 months	Member pays \$0, plan pays balance	\$35
	Contact Lens Fit and Follow-Up <i>Standard</i> – 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>Premium</i> – 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.	Member pays \$0	\$40
		10% off retail price, plus \$40 allowance	\$40
Glasses	Frames – Any available frame at provider location – one every 24 months	\$140 allowance, then 20% off balance	\$70
	Standard Plastic Lenses – one every 12 months		
	Single Vision	Member pays \$0, plan pays balance	\$28
	Bifocal	Member pays \$0, plan pays balance	\$40
	Trifocal	Member pays \$0, plan pays balance	\$55
	Lens Options		
	UV Coating	Member pays \$15	None
	Tint (Solid or Gradient)	Member pays \$15	None
	Standard Scratch Resistance	Member pays \$15	None
	Standard Polycarbonate	Member pays \$40	None
	Standard Progressive (add-on to bifocal)	Member pays \$65, plan pays balance	None
	Standard Anti-Reflective Coating	Member pays \$45	None
	Other Add-Ons and Services	20% off retail price	None
Contact Lenses <i>In lieu of eyeglass lenses - one every 12 months (Contact lens allowance covers materials only)</i>	Conventional	\$155 allowance, then 15% off balance	\$124
	Disposable	\$155 allowance	\$124
	Medically Necessary	Paid in full	\$200
	Laser Vision Correction – LASIK or PRK	15% off retail price or 5% off promotional price	None
Dependent Age Limitation – Dependents covered to age 26			

Accessing Your DeltaVision Benefit

Receiving your vision benefit is as easy as visiting your nearest EyeMed Vision Care network provider. Inform your provider you are a DeltaVision member with EyeMed and give them your full name and date of birth. You may present your ID card but is not required to receive services.