DELTAVISION® 130 SUMMARY OF BENEFITS

BENEFIT FREQUENCY			
Eye Exam	Every 12 months	**Frames**	Every 24 months
Standard Plastic Lenses and Standard Progressive Lenses	Every 12 months	**Contact Lenses and Contact Fitting Exam**	Every 12 months

INSURANCE BENEFITS	IN NETWORK BENEFIT	OUT OF NETWORK REIMBURSEMENT
Eye Exam	Covered in full after $10 co-pay	$30
Standard Plastic Lenses		
Single Vision	Covered in full after $10 co-pay	$25
Bifocal	Covered in full after $10 co-pay	$40
Trifocal	Covered in full after $10 co-pay	$55
Progressive Lenses		
Standard	$10 co-pay plus $65 Progressive upgrade	$40
Premium	See “Progressive Lens Price List”	$40
Lens Options		
Standard plastic scratch coating	Covered in full after Lens co-pay	$5
Standard polycarbonate - kids under age 19	Covered in full after Lens co-pay	$5
Standard polycarbonate - adults	$40 out of pocket maximum	$0
UV Treatment	$15 out of pocket maximum	$0
Tint (solid, gradient, & blue light)	$15 out of pocket maximum	$0
Standard anti-reflective coating	$45 out of pocket maximum	$0
Premium anti-reflective coating	See “Anti-Reflective Coating Price List”	$0
Photochromatic / Transitions Plastic	$75 out of pocket maximum	$0
Other add-ons and services	20% off retail price	$0
Frames	$130 Retail Allowance 20% off balance over retail allowance	$65
Contact Lens Fitting Exam		
Standard contact lens fitting exam + 2 follow-up visits	Covered in full after $10 co-pay	$35
Premium contact lens fitting exam + 2 follow-up visits	$10 copay, 10% off retail prices, minus $50 allowance	$35
Contact Lenses		
Conventional	$130 retail allowance	$104
Disposable	$130 retail allowance	$104
Medically Necessary	Covered in full	$210

INSURANCE BENEFITS (continued)		
	IN NETWORK BENEFIT	OUT OF NETWORK REIMBURSEMENT
Progressive Lens Price List		
Standard Progressives	Covered in full after $75 co-pay	$40
Premium Progressives[1]		
Tier 1	Covered in full after $95 co-pay	$40
Tier 2	Covered in full after $105 co-pay	$40
Tier 3	Covered in full after $120 co-pay	$40
Tier 4	$75 co-pay + 20% off retail, minus $120 allowance	$40
Anti-Reflective Coating Price List		
Standard Anti-Reflective Coating	$45 out of pocket maximum	$0
Premium Anti-Reflective Coating[1]		
Tier 1	$57 out of pocket maximum	$0
Tier 2	$68 out of pocket maximum	$0
Tier 3	20% off retail	$0
Additional Benefits		
Retinal Imaging	$39 out of pocket maximum	$0
LASIK or PRK from US Laser Network	15% off retail price or 5% off promotional price	$0
Additional Discounts		
Additional pair of prescription eyeglasses	40% off retail price	$0
Non-prescription sunglasses	20% off retail price	$0
Remaining balance beyond plan coverage	20% off retail price	$0

1 - Fixed pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels.

Where an “allowance” is shown, insured are responsible for paying any charges in excess of the allowance.

Eyeglass Lenses are paid in lieu of the Contact Lenses Benefit.

For Participating Providers, you may choose to use the insurance benefit or take advantage of a sale or coupon, but not both.

If you visit a Non-Participating Provider, you may be required to pay the Provider for services rendered and then submit your expenses for reimbursement.

A covered benefit for eligible dependent children to the end of the month in which the child reaches age 26.