



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
Retinal Imaging	Member pays up to \$39	None
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
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 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.