

Plan Name: A

Plan Number: 750

Group Number: 21498

Effective Date: 1/1/16

ALAN LEPAK DBA: GLOBAL BIKES

An In-Depth Look...

Why Vision Care?

Vision and eye health problems are the second most prevalent chronic health care problem in the United States, affecting more than 120 million people.

Your DeltaVision plan provides coverage for a comprehensive eye exam that can provide early detection of vision problems as well as systemic diseases like diabetes and hypertension.

Rates (per month)

2-tier

Employee	
EE + Family	

3-tier

Employee	
EE + One	
EE + Two or more	

4-tier

Employee	\$6.18
EE + Spouse	\$12.74
EE + Child(ren)	\$16.75
EE + Family	\$23.50

How can we help you?

DeltaVision Website:
www.deltavisionaz.com

Customer Service:
1-888-211-4014
7AM - 8PM EST

LASIK Provider:
1-877-712-2010

Vision Care Services	In-Network Member Benefits	Out-of-Network Reimbursement
Eye Examination	Covered in full after \$10 copay	Up to \$35
Materials⁺		
Frame Allowance	Covered in full after \$10 copay Up to \$120 retail value**	Up to \$50
Standard Spectacle Lenses		
Single Vision	Covered in full after materials copay	Up to \$25
Bifocal	Covered in full after materials copay	Up to \$40
Trifocal	Covered in full after materials copay	Up to \$55
Lenticular	Covered in full after materials copay	Up to \$80
Standard Progressive	Covered in full after \$75 copay	Up to \$40
Premium Progressive	\$75 copay, \$120 allowance, 20% off remaining balance	Up to \$40
Other Lens Options*		
UV Coating	\$15 copay	Not covered
Tint	\$15 copay	Not covered
Standard Scratch Resistant	\$0 copay	Up to \$5
Standard Polycarbonate	\$40 copay	Not covered
Standard Anti-Reflective	\$45 copay	Not covered
Other Add-Ons & Services	20% off retail	Not covered
Contact Lenses (in lieu of frame and spectacle lenses)		
Conventional	\$80 allowance, 15% off remaining balance	Up to \$64
Disposable	\$80 allowance	Up to \$64
Medically Necessary	Covered in full	Up to \$200
Refractive Laser Surgery	Provider discount up to 15%	Not covered
Frequency		
Eye Examination	Once every 12 months	Once every 12 months
Lenses or contact lenses	Once every 12 months	Once every 12 months
Frame	Once every 12 months	Once every 12 months

Here's how it works...

When you need to see an eye care professional, simply visit www.deltavisionaz.com or contact DeltaVision Customer Service Monday through Friday, 7AM to 8PM (EST) at 888-211-4014 to receive a listing of providers in your area.

- 1 Select a provider**
- 2 Make an appointment**
- 3 Visit provider for service**
- 4 Pay any copays or additional expenses**

+ Materials copay applies to frame or spectacle lenses.

* Discounts are not insured benefits

** Members receive a \$50 wholesale allowance. Corresponding retail value is approximate.

Insured benefits are underwritten by Arizona Dental Insurance Service, Inc. dba Delta Dental of Arizona and administered by Avēsis Third Party Administrators, Inc., Phoenix, AZ

Using Out-of-Network Providers

If a Member elects to use an out-of-network provider the provider must be paid in full at the time of service and the Member should submit a claim to Avēsis Third Party Administrators for reimbursement. Reimbursement levels are in accordance with the out-of-network reimbursement schedule previously listed. Out-of-network benefits are subject to the same eligibility, availability, frequency of benefits, and limitation and exclusion provisions of the plan, and are in lieu of services provided by a participating Avēsis provider. Out-of-network claim forms can be obtained by contacting the DeltaVision Customer Service Center, your group administrator or by visiting www.deltavisionaz.com.

Limitations and Exclusions

Some provisions, benefits, exclusions or limitations listed herein may vary depending on your state of residence.

Limitations:

This plan is designed to cover eye examinations and corrective eyewear. It is also designed to cover visual needs rather than cosmetic options. Should the member select options that are not covered under the plan, as shown in the schedule of benefits, the member will pay a discounted fee to the participating Avēsis provider. Benefits are payable only for services received while the group and individual member's coverage is in force.

Exclusions:

There are no benefits under the plan for professional services or materials connected with and arising from:

- 1) Orthoptics or vision training;
- 2) Subnormal vision aids and any supplemental testing, aniseikonic lenses;
- 3) Plano (non-prescription) lenses, sunglasses;
- 4) Two pair of glasses in lieu of bifocal lenses;
- 5) Any medical or surgical treatment of eye or supporting structures;
- 6) Replacement of lost or broken lenses, contact lenses or frames, except when the member is normally eligible for services;
- 7) Any eye examination or corrective eyewear required by an employer as a condition of employment and safety eyewear;
- 8) Services or materials provided as a result of Workers Compensation Law, or similar legislation, required by any governmental agency whether Federal, State or subdivision thereof.
- 9) Services or materials provided by any other group benefit plan providing vision care.

Termination Provisions

Coverage will end on the earliest of: the date the policy ends, the date the employee's employment ends, or the date the employee is no longer eligible.

Notes and Disclaimers

The contact lens allowance may be used all at once or throughout the plan year as needed. It may be applied toward contact lenses only, or both contact lenses and professional services (fitting fees). Refractive Surgery is an elective procedure and may involve potential risks to patients. Avēsis is not responsible for the outcome of any refractive surgery.

Insured benefits are underwritten by Arizona Dental Insurance Service, Inc. dba Delta Dental of Arizona and administered by Avēsis Third Party Administrators, Inc., Phoenix, AZ

Rates

Quoted rates include a standard 10% flat commission.