

**DELTA VISION  
SUMMARY OF BENEFITS  
FOR COVERED EMPLOYEES OF:**

**School District of Menomonee Falls**

*(See Vision Benefits Handbook for definitions of capitalized terms.)*

**GROUP NUMBER: 40952**

**EFFECTIVE DATE OF PROGRAM: January 1, 2015**

**OPEN ENROLLMENT**

Changes in enrollment status will be considered during an Open Enrollment Period 30 days prior to the Contract renewal date, with changes becoming effective on the renewal date.

**WAITING PERIOD**

Employees and their Dependents who apply for coverage after their initial eligibility period or without a qualifying event (loss of spousal benefits, marriage, divorce, birth or adoption, or the loss of employee coverage through another insurer) will:

Wait until the next Open Enrollment Period.

**TERMS OF ELIGIBILITY:**

Eligibility begins:

For eligible new employees, eligibility begins the date of employment.

For eligible new employees, the waiting period is 0 days.

For employees enrolling their dependents:

Dependent children are eligible through the end of the month in which they attain age 26, regardless of student status, or if age 26 and beyond, to the date they lose eligibility due to the Dependent's inability to meet all of the requirements in the Handbook.

Part-time employees are not covered; minimum hours worked must average at least 20 per week.

**SCHEDULE OF BENEFITS, LIMITATIONS AND COVERAGE PERCENTAGE:**

This Plan provides the following Benefits subject to the Allowance or Copayment amount listed for each Benefit. The Allowances and Copayments may vary based upon the network membership of the vision provider at the time the services were rendered.

Contracted Provider Network: Select

To be entitled to benefits, a network provider must be utilized. Please see the vision provider search on either the Delta Dental of Wisconsin or Vision Provider's website.

## Network Benefit = Contracted Vision Provider

## Non-Network Reimbursement = Noncontracted Vision Provider

### DeltaVision

	Network Benefit	Non-Network Reimbursement
<b>Comprehensive Spectacle Exam</b>	Member pays \$10	\$35
<b>Contact lens fit and follow-up</b>  <i>Standard – 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>  <i>Premium – 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.</i>	Member pays \$0  10% discount off retail, plus \$40 allowance	\$40  \$40
<b>Frames</b> – Any available frame at provider location.	\$150 allowance, then 20% off balance	\$75
<b>Standard plastic lenses</b>		
<b>Single vision</b>	Member pays \$10	\$25
<b>Bifocal</b>	Member pays \$10	\$40
<b>Trifocal</b>	Member pays \$10	\$55
<b>Lens options</b>		
<b>UV coating</b>	Member pays \$15	None
<b>Tint (solid &amp; gradient)</b>	Member pays \$15	None
<b>Standard scratch resistance</b>	Member pays \$15	None
<b>Standard polycarbonate</b>	Member pays \$40	None
<b>Standard progressive</b>	Member pays \$75	\$0
<b>Premium progressive</b>	20% discount off retail, plus \$45 allowance	\$0
<b>Standard anti-reflective coating</b>	Member pays \$45	None
<b>Other add-ons and services</b>	20% off retail price	None
<b>Contact lenses – In lieu of Spectacles</b> <i>Contact lens allowance covers materials only</i>		
<b>Conventional</b>	\$150 allowance, then 15% off balance	\$120
<b>Disposable</b>	\$150 allowance	\$120
<b>Medically necessary</b>	Paid in full	\$200
<b>Laser vision correction – Lasik or PRK</b>	15% off retail price or 5% off promotional price	None
<b>Frequency – Exams / Lenses or Contact Lenses / Frames</b>	<b>12/12/24 Months</b>	
<b>Additional in-network discounts</b>		
<ul style="list-style-type: none"> <li>• 20% discount on items not covered by the Plan at network providers, which may not be combined with any other discounts or promotional offers, and the discount does not apply to Contracted Provider's professional services, or contact lenses. Retail prices may vary by location.</li> <li>• Members also receive a 40% discount on complete eyeglass purchases and a 15% discount on conventional contact lenses once the funded benefit has been used.</li> <li>• Not all network providers offer Laser Vision correction services. Please contact your provider for availability of these services.</li> </ul>		

### SPECIAL CONDITIONS

Changes in Coverage due to a qualifying event will be effective on the day of the event.

## **POLICY AMENDMENT - 40952 11132014**

**This Policy Amendment** is attached to and forms a part of the Handbook and Summary of Benefits to provide vision care benefits between School District of Menomonee Falls and Wyssta Insurance Company, Inc.

This amendment modifies the group vision benefits afforded by your Handbook and Summary of Benefits attached thereto, issued by Wyssta Insurance Company, Inc., and must be read in conjunction therewith. All terms and conditions of your Handbook and Summary of Benefits attached thereto remain in effect, except as modified by this amendment. Please read this amendment carefully.

This amendment does not apply to coverage under Continued Coverage (COBRA) of your Handbook.

It is understood and agreed that effective January 1, 2015, the Handbook and Summary of Benefits will be amended as set forth below:

1. Where the terms “Dependent” and “Covered Dependent” appear in the Handbook and Summary of Benefits those terms will also include a “Domestic Partner,” as defined in this amendment, and a Domestic Partner’s unmarried children if otherwise eligible under the Eligibility section of your Handbook and under the Terms of Eligibility in the Summary of Benefits.
2. Where the terms “spouse,” “covered spouse,” or “parent” appear in the Handbook and Summary of Benefits, the term “Domestic Partner,” as defined herein, is also included.
3. Where the terms “divorce” or “legal separation” appear in the Handbook and Summary of Benefits, the words “failure to meet the requirements of a Domestic Partnership,” as defined herein, are also included.

### **Definitions**

The Definitions section of the Handbook is hereby amended to add the following definition:

“Domestic Partner” means two people who:

- a) are of the same or opposite gender;
- b) are at least 18 years of age and competent to enter into contracts;
- c) have a mutually exclusive relationship that is similar to marriage and intend to stay in that relationship permanently;
- d) have not entered into their relationship for the primary purpose of obtaining health insurance;
- e) have lived together at the same permanent residence for at least 90 consecutive days and intend to continue residing at the same principal residence.

- f) are not blood relatives to a degree that would prohibit their marriage in the state of their primary residence;
- g) neither partner is married or legally separated, and if either partner has been a party to an action or proceeding for divorce or annulment, at least 90 consecutive days have elapsed since the judgment terminating the marriage;
- h) neither partner is currently registered as a domestic partner with a different domestic partner, and if either partner has been registered or been a domestic partner in a domestic partnership, at least 90 consecutive days have elapsed since the effective date of termination of that registration or domestic partnership.
- i) must be jointly responsible for each other's common welfare and financial obligations as demonstrated by proof of at least three (3) of the following:
  - (i) common ownership of real property or a common leasehold interest in real property;
  - (ii) joint ownership of a motor vehicle, bank account, or credit account;
  - (iii) beneficiary designations with either listed as the beneficiary for life insurance benefits on the other person's life, the beneficiary of the other person's retirement benefits, or as a testamentary beneficiary in the other person's Last Will and Testament;
  - (iv) a power of attorney, or a healthcare directive appointing either as the other person's attorney-in-fact or similar representative;
  - (v) driver's licenses listing a common address for both partners.

The Eligibility section of the Handbook is amended to add the following:

**Domestic Partner.** Plan Sponsor is responsible for making the determination as to whether a person qualifies for coverage as a Domestic Partner under this amendment and will advise Delta Dental when it has made such a determination for an Eligible Employee.

**THIS AMENDMENT IS PART OF THE HANDBOOK AND SUMMARY OF BENEFITS REFERENCED HEREIN AND SHOULD BE KEPT WITH THOSE DOCUMENTS.**