

Summary of Benefits

DeltaVision® 150 Option 3

DeltaVision is a smart, affordable way to keep an eye on your vision - and on your health.

It is estimated that more than half of all Americans need vision correction.^A Without corrective evewear, they cannot see life to the fullest. Your DeltaVision benefits make it easier to afford regular eye exams as well as prescribed vision correction.

Regular eye exams can also help identify early signs of some systemic diseases and health conditions including:

- Diabetes
- Glaucoma
- High blood pressure
 Macular degeneration

It's important to take charge of your health. When you get your eyes checked every year, you are helping your eyes -- and your whole body - stay well.

SUPERIOR VISION

Through our partnership with Superior Vision, DeltaVision members have access to a nationwide network of easy to find eye care providers.



More Eye Care Providers

More than 60,000 eye care providers nationwide. To find an eye care provider in the Superior National Network, visit deltadentalar.com.



More Options

Members can get eye exams at one place and buy eyewear at another for greater selection.



More Freedom

There are no restrictions on eyeglass frames or contact lenses. Members are free to choose from any brand, lens type and price point.

In-network national retailers include:



JCPenney optical

Plus online in-network options:

contactsdirect

Below is a summary of your DeltaVision 150 Option 3 benefits.

| Contact Lens Fitting Exam ³ | \$20 | |
|---|-----------------|--|
| Frames and/or Lenses¹ (no copay for contacts) | \$20 | |
| Eye Exam | \$10 | |
| IN-NETWORK COPAYMENTS | | |
| Contact Lenses | Every 12 months | |
| Contact Lens Fitting Exam | Every 24 months | |
| Frames | Every 12 months | |
| Lenses | Every 12 months | |
| Eye Exam | Every 12 months | |
| BENEFIT FREQUENCY | | |

| 88. | IN-NETWORK BENEFITS | OUT-OF-NETWORK REIMBURSEMENTS |
|--|------------------------------|----------------------------------|
| Eye Exam (subject to copay) | Covered in full | \$35 |
| Standard Lenses (per pair - subj | ect to copay) | |
| Single Vision | Covered in full | \$25 |
| Bifocal | Covered in full | \$40 |
| Trifocal | Covered in full | \$50 |
| Lenticular | Covered in full | \$80 |
| Progressive Lens Upgrade (subject to copay) | See description ² | \$40 |
| Frames (subject to copay) | \$150 retail allowance | \$45 |
| Contact Lens Fitting (CLF) E | xam (subject to copay) | |
| Standard CLF Exam | Covered in full | \$0 |
| Specialty CLF Exam | \$50 retail allowance | \$0 |
| Contact Lenses ⁴ | | |
| Elective (Conventional or Disposable) | \$150 retail allowance | \$105 |
| Medically Necessary ⁵ | Covered in full | \$250 |

| DISCOUNTS ⁶ | |
|--|--|
| Insured Materials | |
| Frames | 20% off amount over allowance |
| Lens Options (scratch coat, UV coat, tint, etc.) | 20% off retail (premium options) or out-of-pocket maximums ⁷ (standard options) |
| Progressives | 20% off amount over retail lined trifocal lenses |
| Additional Services | |
| Exams, Frames & Prescription Lenses | 30% off retail |
| Lens Options & Contacts | 20% off retail |
| Disposable Contacts | 10% off retail |
| Refractive Surgery (LASIK) | 15% — 50% off retail |

Customer Service

Starting January 1, 2017, when you have questions about your DeltaVision benefits, please contact Superior Vision Services at **(844) 549-2603**, Monday - Friday, 7 a.m. to 8 p.m. Central Time.

- A The state of the optometric profession: 2013, page 9. https://www.aoa.org/Documents/news/state_of_optometry.pdf
- 1 Copay applies one time to eyeglass frame and/or lenses.
- 2 Covered to provider's in-office standard retail lined trifocal amount; member pays difference between progressive and standard retail lined trifocal, plus applicable copay, less any applicable discounts.
- 3 A Contact Lens Fitting exam has its own copay and is separate from the eye exam copay. Standard Contact Lens Fitting Exam applies to a current contact lens user who wears disposable, daily wear, or extended wear lenses only. Specialty Contact Lens Fitting Exam applies to new contact wearers and/or a participant, who wears toric, gas permeable, or multi-focal lenses.
- 4 Contact lenses are in lieu of eyeglass frame and lenses benefit.

- 5 Medically necessary contact lenses are those prescribed for extreme visual acuity or other functional problems not treatable by eyeglass lenses. Prior authorization required.
- 6 The Plan discount features are not insurance. All allowances are retail; the member is responsible for paying the provider directly for all non-covered items and/or any amount over the allowances, minus available discounts. Discounts are subject to change without notice and do not apply if prohibited by the manufacturer. Discounts may vary by provider and location. Members should confirm a provider participates in offering discounts before receiving services, as not all providers offer discounts.
- 7 Out-of-pocket maximums apply to certain standard options on standard plastic single vision lenses and standard bifocal and trifocal lenses.
- 8 Discount over retail lined trifocal lens, including lens options.



Delta Vision is a vision insurance product underwritten by Delta Dental Plan of Arkansas, Inc. 1513 Country Club Road, Sherwood, AR 72120. © 2016 Delta Dental Plan of Arkansas, Inc.