

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

School District Of Westfield

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

GROUP NUMBER: 40512

EFFECTIVE DATE OF PROGRAM: July 1, 2012

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 first day of the month following the waiting period.

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 30 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.

EyeMed Provider Network: Access

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 EyeMed website.

Network = EyeMed Vision Provider

Non-Network = Noncontracted Vision Provider

DeltaVision		
	Network Benefit	Non-Network Reimbursement
Comprehensive Spectacle Exam	N/A	N/A
Frames -- <i>Any available frame at provider location.</i>	Allowance of \$200, then 20% discount off balance over allowance	\$100
Standard plastic lenses		
Single vision		
Bifocal		
Trifocal		
Lens options		
UV coating		
Tint (solid & gradient)		
Standard scratch resistance		
Standard polycarbonate		
Standard progressive		
Premium progressive		
Standard anti-reflective coating		
Other add-ons and services		
Contact lenses – In lieu of Spectacles <i>Includes Standard fit, follow-up and materials</i>		
Conventional	Allowance of \$200, then 15% discount off balance over allowance	\$160
Disposable	Allowance of \$200	\$160
Medically necessary	Paid in full	\$200
Laser vision correction – <i>Lasik or PRK</i>	15% off retail price or 5% off promotional price	None
Frequency – Lenses / Frames or contact lenses	1x every 12 months	
Additional network discounts		
<ul style="list-style-type: none"> • 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 EyeMed provider's professional services, or contact lenses. Retail prices may vary by location. • 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. <p>Not all network providers offer Laser Vision correction services. Please contact your provider for availability of these services.</p>		

AMENDMENT

TO

HANDBOOK

This Amendment modifies the Group vision benefits afforded by the vision policy with Wyssta Insurance Company, Inc. and must be read in conjunction with the Handbook. All terms and conditions of your policy remain in effect, except as modified by this amendment. Please read this amendment carefully.

Effective immediately, the section entitled **Eligibility, Covered Dependents**, in your vision Handbook will be deleted and replaced with the following language:

Covered Dependents. If you are enrolled for family coverage, the following persons may be covered under your Group's Contract as your Dependents:

1. Your lawful spouse
2. Your children (including any children's children until Your child is 18), including step and adopted children and children placed for adoption with you, who are less than 26 years of age.
3. Notwithstanding 1 and 2 above, your adult Dependent children, including step and adopted children and children placed for adoption with you may be covered under this policy if the adult child satisfies all of the following:
 - (a) The child is a full-time student, regardless of age; and
 - (b) The child was under 26 years of age when he or she was called to federal active duty in the National Guard or in a reserve component of the U.S. armed forces while the child was attending, on a full-time basis, an institution of higher learning; and
 - (c) The child re-enrolled as a full-time student within 12 months of returning from active duty.
4. A Dependent child over age 26 who is financially dependent on the Eligible Employee because of physical or mental incapacity that commenced while covered under this policy and prior to the Dependent child reaching age 26, provided a physician's certificate of disability is submitted within six months following the Dependent child's 26th birthday. The Company reserves the right to request proof of continued disability from time to time, but not more often than annually after the two-year period immediately following the Dependent child's attainment of the limiting age.

Dependents in military service are not covered by your Group's Contract.

Dependents no longer meeting the above requirements because of divorce or separation from an Eligible Employee, or the end of a child's dependency status may elect to continue coverage. Please see the **Continued Coverage (COBRA)** section of this Dental Benefit Handbook.

THIS AMENDMENT IS PART OF THE HANDBOOK REFERENCED HEREIN AND SHOULD BE KEPT WITH THAT DOCUMENT.