

## DeltaVision Benefits Proposal

Creare LLC

### A Brief Summary of Benefits

Frame Allowance (Materials)	\$130
Contact Lenses Allowance (Materials)	\$130
Copay Amount Exam and Lenses	\$10/\$25

**Proposed Effective Date 1/1/2022**

**Voluntary Proposal**

	Network Benefit	Non-Network Reimbursement
<b>Exam with Dilatation as Necessary</b>	Member pays \$10, plan pays balance	\$35
<b>Contact Lens Fit and Follow-up</b>	Member pays up to \$55.00	None
<i>Standard - Includes spherical clear contact lenses in conventional wear and planned replacement (Examples include but not limited to disposable, frequent replacement, etc.)</i>		
<i>Premium - Includes all lens designs, materials and specialty fittings other than Standard Contact Lenses (Examples include toric, multifocal, etc.)</i>	10% discount off retail	None
<b>Frames -- Any available frame at provider location.</b>	\$130 allowance, then 20% off balance	\$65
<b>Standard Plastic Lenses</b>		
Single vision / Bifocal / Trifocal	Member pays \$25, plan pays balance	\$25 / \$40 / \$55
<b>Lens Options</b>		
UV coating / Tint / Standard scratch resistance	Member co-pay \$15 each	None
Standard polycarbonate	Member co-pay \$40	None
Standard anti-reflective coating	Member co-pay \$45	None
Standard progressive	Member co-pay \$90	None
Premium progressive	\$90 co-pay, 80% of charge less than \$120 allowance	None
Other add-ons and services	20% off retail price	None
<b>Contact Lenses</b>		
<i>Contact lens allowance covers materials only.</i>		
Conventional	\$130 allowance, then 15% off balance	\$104
Disposable	\$130 allowance, member pays balance	\$104
Medically necessary	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>	12/12/24 months	

#### Additional in-network discounts

- Members receive a 20% discount on items not covered by the plan at network providers, which may not be combined with any other discounts or promotional offers. The discount does not apply to EyeMed provider's professional services or to contact lenses. Retail prices may vary by location.
- Members also receive a 40% discount off complete eyeglass purchases and a 15% discount off conventional contact lenses once the funded benefit has been used.
- After initial purchase, replacement contact lenses may be obtained via the Internet at substantial savings and mailed directly to the member. Details are available at [www.eyemedvisioncare.com](http://www.eyemedvisioncare.com). The contact lens benefit allowance is not applicable to this service.
- Discounts do not apply for benefits provided by other group benefit plans.