

Wells Enterprises, Inc.

SUMMARY OF COVERED SERVICES AND BENEFITS

\$150 Frame Allowance / \$25 Lens Copay – Insight Plus Network

Benefit Frequency			
Contact Lenses or Lens	Once every calendar year.		
Exam	Once every calendar year.		
Frame	Once every two calendar years.		
Vision Care Services	In-Network Member Cost		Out-of-Network Reimbursement
	Insight Network	Insight Plus Network	
Exam			
Exam	\$10 Copay	\$0 Copay	
Dilation	\$0		Up to \$35
Eye Exam Refraction	\$0		N/A
Retinal Imaging	\$39		N/A
Lens			
Single Vision	\$25 Copay		Up to \$25
Bi-focal	\$25 Copay		Up to \$40
Tri-focal	\$25 Copay		Up to \$55
Standard Progressive Lens	\$90 Copay		Up to \$40
Premium Progressive Lens	Premium Progressive as follows:		Up to \$40
Tier 1	\$110		
Tier 2	\$120		
Tier 3	\$135		
Tier 4	80% of Charge less \$120, plus \$90 Copay		
Lenticular	\$25 Copay		Up to \$55
Other Lens Type	80% of Charge		N/A
Frame			
Frame	80% of Balance over \$150	80% of Balance over \$200	Up to \$75
Lens Options			
Standard Polycarbonate	\$40 Copay		N/A
Standard Plastic Scratch Coating	\$15 Copay		N/A
Tint	\$15 Copay		N/A
UV Treatment	\$15 Copay		N/A
Standard Anti-reflective (a/r) Coating	\$45 Copay		N/A
Premium Anti-reflective (a/r) Coating	Premium Anti-reflective Coating as follows:		N/A
Tier 1	\$57		N/A
Tier 2	\$68		N/A
Tier 3	80% of Retail		N/A
Photochromatic/Transitions	\$75		N/A
Other Lens Options	80% of Charge		N/A
Contact Lenses			
Contact Lens — Conventional	85% of Balance over \$150	85% of Balance over \$200	Up to \$120
Contact Lens — Disposable			Up to \$120
Medically Necessary Contacts	\$0		Up to \$220
Fit and Follow-Up Discount			
Standard	Up to \$40		N/A
Premium	10% discount off retail price		N/A
Non-Scheduled Items			
Doctor Misc. Materials	80% of Charge		N/A
Glasses Allowance	N/A	\$100 towards 2nd pair	N/A
LASIK or PRK Vision Correction	85% of Retail Price or 95% of Promotional Price		N/A

Additional Discounts: Member receives a 20% discount on items not covered by the plan at network Providers, which cannot be combined with any other discounts or promotional offers. Discount does not apply to EyeMed Provider's professional services, or contact lenses. Members also receive 15% off retail price or 5% off promotional price for LASIK or PRK from the US Laser Network, owned and operated by LCA Vision. 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. The contact lens benefit allowance is not applicable to this service.

DeltaVision®

Plan Exclusions: 1) Orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; 2) Medical and/or surgical treatment of the eye, eyes or supporting structures; 3) Any eye or Vision Examination, or any corrective eyewear required by an employer as a condition of employment; Safety eyewear; 4) Services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; 5) Plano (non-prescription) lenses and/or contact lenses; 6) Non-prescription sunglasses; 7) Two pair of glasses in lieu of bifocals; 8) Services or materials provided by any other group benefit plan providing vision care; 9) Services rendered after the date a member ceases to be covered under the Benefit Certificate, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the member are within 31 days from the date of such order. 10) Lost or broken lenses, frames, glasses, or contact lenses will not be replaced except in the next Benefit Frequency when Vision Materials would next become available. 11) Benefit Allowances provide no remaining balance for future use within the same Benefit Frequency. Certain brand name Vision Materials in which the manufacturer imposes a no-discount practice.

DeltaVision is underwritten by Veratrus Benefit Solutions, Inc., a wholly-owned subsidiary of Delta Dental of Iowa, utilizing the EyeMed Vision Care Insight network. The information on this page summarizes your benefits and payment obligations. For a detailed description of specific benefits and benefit limitations, see the IMPORTANT INFORMATION and BENEFITS sections of your Certificate.

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