

**DELTAVISION
SUMMARY OF BENEFITS
FOR COVERED EMPLOYEES OF:**

Aspirus, Inc.

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

GROUP NUMBER: 45528

EFFECTIVE DATE OF PROGRAM: January 1, 2023

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 rehired employees, eligibility begins the first of the month following rehire date.

For eligible new employees, the waiting period is 30 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 covered; minimum hours worked must average at least 24 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: Insight

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.

SPECIAL CONDITIONS

Walmart is an In-Network Vision Provider for this Plan.

Network Benefit = Contracted Vision Provider

Non-Network Reimbursement = Noncontracted Vision Provider

DeltaVision

	Network Benefit	Non-Network Reimbursement
Comprehensive Spectacle Exam	Member pays \$0	\$38
Retinal Imaging	Member pays \$39	None
Contact lens fit and follow-up <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 up to \$40 10% discount off retail	\$0 \$0
Frames -- Any available frame at provider location.	\$150 allowance, then 20% off balance	\$55
Standard plastic lenses		
Single vision	Member pays \$0	\$25
Bifocal	Member pays \$0	\$35
Trifocal	Member pays \$0	\$45
Lenticular	Member pays \$0	\$80
Lens options		
UV coating	Member pays \$15	None
Tint (solid & gradient)	Member pays \$15	None
Standard scratch resistance	Member pays \$15	None
Standard polycarbonate	Member pays \$40	None
Photochromatic/Transitions Plastic	Member pays \$75	None
Standard progressive	Member pays \$65	\$35
Premium progressive Tier 1 Tier 2 Tier 3 Tier 4	Member pays \$85 Member pays \$95 Member pays \$110 Member pays \$65, 80% of charge, less \$120 allowance	\$35 \$35 \$35 \$35
Standard anti-reflective coating	Member pays \$45	None
Premium anti-reflective coating Tier 1 Tier 2 Tier 3	Member pays \$57 Member pays \$68 80% of charge	None None None
Other add-ons and services	20% off retail price	None
Contact lenses – In lieu of Spectacles <i>Contact lens allowance covers materials only</i>		
Conventional	\$150 allowance, then 15% off balance	\$105
Disposable	\$150 allowance	\$105
Medically necessary	Paid in full	\$150
Laser vision correction – Lasik or PRK	15% off retail price or 5% off promotional price	None

Frequency Exams: Lenses or Contact Lenses: Frames:	Every Calendar year Every Calendar year Every Calendar year
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Additional in-network discounts

- 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.
- 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.
- Not all network providers offer Laser Vision correction services. Please contact your provider for availability of these services.

DeltaVision – Diabetic Benefits

	Network Benefit	Non-Network Reimbursement
Office service visit (medical follow-up exam)	Member pays \$0	\$77
Retinal imaging	Member pays \$0	\$50
Extended ophthalmoscopy	Member pays \$0	\$15
Gonioscopy	Member pays \$0	\$15
Scanning Laser	Member pays \$0	\$33
Frequency – Exams / Services	Up to two services every calendar year	
Definitions <ul style="list-style-type: none"> • Office Service Visit (Medical Follow-up Exam): Office visit for the evaluation and management of an established patient. The office visit includes patient history, follow-up examination services as deemed appropriate by the provider, and medical decision making. 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. • Extended Ophthalmoscopy with retinal drawing and interpretation and report: A serious retinal condition must exist or be suspected (based on results of routine ophthalmoscopy) which requires further detailed study. • Gonioscopy: A procedure to look at the anterior chamber structures of the eye between the cornea and the iris. Gonioscopy can be used in detection or treatment of conditions that can be more prevalent in diabetics such as glaucoma or neovascularization of the angle. • Scanning Laser: Scanning computerized ophthalmic diagnostic imaging, posterior segment with interpretation and report. 		

Exclusions and Limitations

The Diabetic Benefit covers diabetic eyecare evaluation services only for Type 1 and Type 2 diabetics. The following services and benefits are excluded:

- **Costs associated with securing frames, lenses, or any other materials**
- **Orthoptics or vision training and any associated supplemental testing**
- **Surgical procedures, including laser or any other form of refractive surgery, and any pre- or post-operative services**
- **Pathological treatment of any type for any condition**
- **Any eye examination required by an employer as a condition of employment**
- **Insulin or any medications or supplies of any type**
- **Services and/or materials not included in this Rider**

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POLICY AMENDMENT - 45528 00000 – 10212022

This Policy Amendment is attached to and forms a part of the Handbook and Summary of Benefits to provide vision care benefits between Aspirus, Inc. (*excluding Aspirus Langlade*) 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, 2023, 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 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 gender 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 12 months 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, 6 months 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, 6 months 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 two (2) of the following:
 - (i) common ownership of mortgage 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;

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 Wyssta Insurance 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.