

**DeltaVision® Voluntary Proposal Provided For:  
SUSAN MYKET ASSOCIATES  
Complete Vision Program Select Network**

DeltaVision® is provided by ProTec Insurance Company, a wholly-owned subsidiary of Delta Dental of Illinois,  
in association with EyeMed Vision Care networks.

Vision Care Services	Select Network Member Cost	Out-of-Network Allowance
<b>Exam with Dilatation as Necessary:</b>	\$10 copay	\$35
<b>Contact Lens Fit &amp; Follow-up:</b> Available once a comprehensive eye exam has been completed		
Standard*	\$0 Copay, Paid-in-full fit and two follow-up visits	\$40
Premium**	\$0 Copay, 10% off retail price, then apply \$40 allowance	\$40
<b>Frames:</b> Any available frame at provider location	\$130 allowance, 20% off balance over allowance	\$65
<b>Standard Plastic Lenses:</b>		
Single Vision	\$10 copay	\$25
Bifocal	\$10 copay	\$40
Trifocal	\$10 copay	\$55
Standard Progressive (in addition to lens)	\$65 Copay	\$40
Premium Progressive (in addition to lens)	\$65, 20% off retail price, then apply \$120 allowance	\$40
<b>Lens Options:</b>		
UV Coating	\$15	N/A
Tint (Solid and Gradient)	\$15	N/A
Standard Scratch-Resistance	\$15	N/A
Standard Polycarbonate	\$40	N/A
Standard Anti-Reflective Coating	\$45	N/A
Other Add-Ons and Services	20% discount off retail price	N/A
<b>Contact Lenses:</b> Contact lens allowance covers materials only		
Conventional	\$0 Copay, \$100 allowance, 15% off balance over \$100	\$80
Disposable	\$0 Copay, \$100 allowance, plus balance over \$100	\$80
Visually Required	\$0 Copay, Paid-in-Full	\$200
<b>Frequency:</b>		
Examination	Once every 12 months	
Lenses or Contact Lenses	Once every 12 months	
Frames	Once every 12 months	

The DeltaVision plan is administered by EyeMed Vision Care. Rates are based on the employer contributing less than 50% of the vision benefit premium.

**TOTAL NUMBER OF ELIGIBLES:**

	<u>Cost Per Pay</u> <b>Single: \$4.88</b> <b>EE + 1: \$9.52</b> <b>Family: \$14.27</b>
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\*Standard Contact Lens Fitting - spherical clear contact lenses in conventional wear and planned replacement (Examples include, but are not limited to, disposable and frequent replacement)

\*\*Premium Contact Lens Fitting - all lens designs, materials and specialty fittings, other than Standard Contact Lenses (Examples include toric and multifocal)

**Additional Discounts:**

Member will receive a 20% discount at network providers on items not covered by the plan. This discount may not be combined with any other discounts or promotional offers and the discount does not apply to contact lenses or a network provider's professional services. Retail prices may vary by location. Discount will not apply if manufacturer imposes a no-discount policy.

Member will also receive a 40% discount off complete pair eyeglass purchases and a 15% discount off conventional contact lenses once the funded benefit has been used. Discount will not apply if manufacturer imposes a no-discount policy.

After initial purchase, replacement contact lenses may be obtained via the Internet at substantial savings and mailed directly to the member. The contact lens benefit allowance is not applicable to this service.

LASIK or PRK: DeltaVision members can receive a discount of 15% off retail price or 5% off promotional price from contracted providers. Please contact Delta Dental of Illinois for a current list of LASIK/PRK providers.

All of our standard processing policies and provisions, limitations and exclusions apply.