

WYSSTA INSURANCE COMPANY, INC.
CONTRACT TO PROVIDE VISION CARE BENEFITS

DeltaVision
Declarations

The term of this Contract between **City of Watertown** and **Wyssta Insurance Company, Inc.**, P.O. Box 828, Stevens Point, Wisconsin will be from January 1, 2023 through December 31, 2026. This Contract will be automatically renewed, subject to the provisions of Article VII of the Master Group Contract. This Contract is issued in consideration of the Group's Application and advance payment of initial Premium.

Wyssta and the above-named Group agree to the obligations and provisions of this Contract. The limit of Wyssta's liability for Benefits is as stated in this Contract. Wyssta's obligations are subject to all other terms and conditions of this Contract.

Claim settlement under this Contract is based upon a predetermined methodology, which may be less than the provider's billed charge.

WYSSTA INSURANCE COMPANY, INC.

BY: 

Douglas A. Ballweg
President & CEO

DATE: October 20, 2022

1. CONTRACT NUMBER(S): 45605 - 00000

2. REQUIRED ENROLLMENT:

- (a) 10 % of all Eligible Employees must be enrolled.
10 % of all Eligible Employees with Dependents must be enrolled for dependent coverage.
- (b) The following percentage of the Premium must be employer funded:
 - 0 % Single Coverage (employee, 1 Party)
 - 0 % Family Coverage (employee and spouse, 2 Party)
 - 0 % Family Coverage (employee and child(ren))
 - 0 % Family Coverage (full family, 3+ Party)
- (c) If enrollment drops below 2 Subscribers, Wyssta reserves the right to review the Rates or to terminate coverage.
- (d) In addition to this Delta Vision plan, the following Delta Vision Benefit options and/or other vision plans will be offered to this Group's employees: No other vision plans offered.
- (e) 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.

3. TERMS OF ELIGIBILITY:

- (a) Eligibility begins:
For eligible new employees, eligibility begins the first day of the month following the waiting period, unless the date of hire is the first day of the month then the effective date is the date of hire.
- (b) For eligible new employees, the waiting period is 0 days.
- (c) 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 contained in Section 3.1 (b) of the Master Group Contract.
- (d) Part-time employees are not covered; minimum hours worked must average at least 30 per week.
- (e) Any change in coverage selection because of marriage, divorce or death causing a change in enrollment status will be effective the first of the month following the qualifying event.

4. MONTHLY PREMIUM:

Single Coverage (employee, 1 Party) - \$5.13

Family Coverage (employee and spouse, 2 Party) - \$12.77

Family Coverage (employee and child(ren)) - \$12.77

Family Coverage (full family, 3+ Party) - \$12.77

5. SCHEDULE OF BENEFITS, LIMITATIONS AND COVERAGE PERCENTAGE:

This Contract 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.

Network Benefit = Contracted Vision Provider

Non-Network Reimbursement = Noncontracted Vision Provider

DeltaVision

	Network Benefit	Non-Network Reimbursement
Comprehensive Spectacle Exam	Member pays \$10	\$35
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.	\$130 allowance, then 20% off balance	\$65
Standard plastic lenses		
Single vision	Member pays \$10	\$25
Bifocal	Member pays \$10	\$40
Trifocal	Member pays \$10	\$55
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
Standard progressive	Member pays \$75	\$40
Premium progressive Tier 1 Tier 2 Tier 3 Tier 4	Member pays \$95 Member pays \$105 Member pays \$120 Member pays \$75, 80% of charge, less \$120 allowance	\$60 \$60 \$60 \$60
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	\$120 allowance, then 15% off balance	\$96
Disposable	\$120 allowance	\$96
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 Exams: Lenses or Contact Lenses: Frames:	Every Calendar year Every Calendar year Every Other Calendar year	

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**