



**DeltaVision**  
**Summary of Vision Plan Benefits**  
**For Group#0003017-1000, 2000, 3000**  
**MICHIGAN RETAILERS SERVICES, INC.**

This Summary of Vision Plan Benefits should be read in conjunction with your Vision Care Certificate. Your Vision Care Certificate will provide you with additional information about your DeltaVision plan, including information about plan exclusions and limitations. DeltaVision is a Great Lakes Delta Insurance Company program administered by Delta Dental Plans of Michigan, Ohio, and Indiana.

**Control Plan** - Delta Dental Plan of Michigan

**Covered Services** - The plan will pay the amount shown for each procedure **limited to the maximum payment.**

<i>These amounts are subject to change at any time without notice.</i>	<b>Participating Provider</b>		<b>Non-Participating Provider</b>	
	<b>Plan Pays</b> (less any deductible)	<b>Patient Pays</b> (plus any deductible)	<b>Plan Pays</b> (less any deductible)	<b>Patient Pays</b> (plus any deductible)
<b>Examinations</b> – limited to one examination per benefit period.	\$50.00	\$0	\$28.00	Balance (of billed charge)
<b>Frames</b> – limited to one set of glasses per benefit period. You will receive the DeltaVision discount from a participating provider on the retail price of frames before the DeltaVision payment.	\$125.00	Balance after DeltaVision discount	\$75.00	Balance
<b>Lenses (per lens)</b> – limited to one complete set of glasses per benefit period.				
o Single Vision	\$22.50	\$0	\$15.00	Balance
o Bifocal	\$37.50	\$0	\$22.50	Balance
o Trifocal	\$42.50	\$0	\$25.00	Balance
o Progressive	\$42.50	Balance after DeltaVision discount	\$25.00	Balance
o Lens Options	No coverage	Balance after DeltaVision discount	No coverage	Full charge
<b>Contact Lens Fitting</b>				
o New Contact Lens Wearer	\$90.00	\$0	\$50.00	Balance
o Current Contact Lens Wearer	\$60.00	\$0	\$35.00	Balance
<b>Contact Lenses</b> – limited to once per benefit period. You will receive the lowest price offered by a participating provider.	Up to the maximum payment	Balance	Up to the maximum payment	Balance
<b>Laser Vision Correction</b> – limited to once per eye per lifetime. You will receive the lowest price offered by a participating provider, not to exceed \$1,495.00 per eye.**	Up to the maximum payment	Difference between maximum available and \$1,495 (or less)	No coverage	Full charge

\*\*Wave front technology will not exceed \$1,800.00. Other new technologies are optional and may cost more.

Benefit period for examinations and eyewear: each calendar year

**Maximum Payment** - \$250 maximum per person per calendar year for covered vision services.

**Deductible** - \$10 deductible per person per examination.

A separate \$25 deductible per person for eyewear (lenses and frames).

Customer Service Toll-Free Number:  
[www.consumertoolkit.com](http://www.consumertoolkit.com)  
 January 10, 2006

A separate \$25 deductible per person for contact lenses.

**Waiting Period** - Employees who are eligible for vision benefits are covered on the first day of the month following 30 days from the date of membership.

**Eligible People** - All members in good standing of the Michigan Retailers Services, Inc. who will pay: the full cost of this plan (1000), a minimum of 50 percent of the cost of this plan (2000) or who offer the vision plan to their employees as 100 percent employee paid benefits (3000) and all individuals who are eligible for and elect continuation coverage pursuant to the Consolidated Omnibus Budget Reconciliation Act of 1985 if applicable.

Also eligible are your legal spouse and your dependent children to the end of the calendar year in which they turn 19 and your dependent unmarried children who are eligible to be claimed by you as a dependent under the U.S. Internal Revenue code during the current calendar year.

If you and your spouse are both eligible for coverage under this contract, you may be enrolled together on one application card or separately on individual application cards, but not both. Your dependent children may only be enrolled on one application card. Delta Dental will not coordinate benefits if you and your spouse are both covered under this contract.

Benefits will cease on the last day of the month in which the employee is terminated.