



DeltaVision® is supported by an EyeMed Vision Care® network with over 88,000 providers at over 27,000 locations nationwide, including private practitioners and the most popular optical retail outlets LensCrafters®, Target Optical®, and many Pearle Vision® locations.

DeltaVision Plan Summary

	Network Benefit	Non-Network Reimbursement
Exam every 12 months : Comprehensive with dilation as necessary	Member co-pay \$10; plan pays balance	\$35
Contact Lens Fit and Follow-up: Standard Lenses <i>Spherical clear contact lenses in conventional wear and planned replacement (Examples include but not limited to disposable, frequent replacement, etc.)</i>	Member pays up to \$55.00	None
Contact Lens Fit and Follow-up: Premium Lenses <i>Includes all lens designs, materials and specialty fittings other than Standard Contact Lenses (Examples include toric, multifocal, etc.)</i>	10% discount off retail	None
*Frames every 24 months : Any available frame at provider location	\$150 allowance, then 20% off balance	\$75
Standard Plastic Lenses every 12 months		
Single vision / Bifocal / Trifocal	Member co-pay \$25, plan pays balance	\$25 / \$40 / \$55
Lens Options		
UV coating / Tint / Standard scratch resistance	Member co-pay \$15 each	None
Standard polycarbonate	Member co-pay \$40	None
Standard anti-reflective coating	Member co-pay \$45	None
Standard progressive	Member co-pay \$90	None
Premium progressive	\$90 co-pay, 80% of charge less \$120 allowance	None
Other add-ons and services	20% off retail price	None
*Contact Lenses every 12 months : <i>In lieu of spectacle lenses; allowance covers materials only.</i>		
Conventional	\$150 allowance, then 15% off balance	\$120
Disposable	\$150 allowance, member pays balance	\$120
Medically necessary	Paid in full	\$200
Laser Vision Correction - Lasik or PRK	15% off retail price or 5% off promotional price	None

*Frame and Contact allowance are one-time-use benefits during the frequencies shown.

Monthly Rates	Additional In-Network Discounts
Employee \$6.86	<ul style="list-style-type: none"> ➤ 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 EyeMed provider's professional services, or contact lenses. Retail prices may vary by location. ➤ Members also receive a 40% discount off complete prescription eyeglass purchases and a 15% discount off conventional contact lenses once the funded benefit has been used. ➤ ContactsDirect.com and Glasses.com give members access to on-line retailers where benefits can be used. Visit these websites for additional information. ➤ Discounts do not apply for benefits provided by other group benefit plans.
Employee + One \$11.76	
Family \$21.05	
Rates Guaranteed Until: 12/31/2024	
To locate a participating provider, log on to www.evemedvisioncare.com Access Network or call 1-866-723-0513.	

This document is intended to be only a summary description of the program benefits. It is not intended to describe all terms, conditions and limitations of the coverage. Please refer to the Vision Plan Description (VPD) for the actual terms, conditions and limitations of the coverage summarized in this document.