

# VISION

## No benefit or premium changes effective 7/1/25.

Having vision coverage through Delta allows you to save money on eligible eyecare expenses, such as periodic eye exams, eyeglasses, or contact lenses for yourself and your covered dependents.

Vision Care Services	In-Network	Out-of-Network
SERVICES		
Benefit Frequency Contact Lenses or Lens	Once within a 12 month period defined by last date of service	
Exam	\$10	Up to \$35
Frame	Once within a 24 month period defined by last date of service	
CONTACT LENSES		
Contact Lens – Conventional	85% of balance over \$150	Up to \$120
Contact Lens – Disposable	Balance over \$150	Up to \$120
Standard Fit and Follow Up Exam	\$0	Up to \$40
Premium Fit and Follow Up Exam	\$0 copay, 10% off retail price then apply \$55 allowance	Up to \$40
Medically Necessary Contacts	\$0	Up to \$200
FRAMES		
Frame Allowance	80% of balance over \$150	Up to \$75
LENS		
Single Vision	\$25	Up to \$25
Bifocal	\$25	Up to \$40
Trifocal	\$25	Up to \$55
Standard Progressive Lens**	\$90	Up to \$40
Premium Progressive Lens**	80% of charge less \$120, plus \$90 copay	Up to \$40
Lenticular	\$25	Up to \$55
Other Lens Type	80% of charge	Not Covered
LENS OPTIONS		
Standard Polycarbonate	\$40	Not Covered
Standard Plastic Scratch Coating	\$15	Not Covered
Tint	\$15	Not Covered
UV Treatment	\$15	Not Covered
Standard Anti-Reflective (a/r) Coating	\$45	Not Covered
Other Lens Options	80% of charge	Not Covered
MISC		
Doctor Misc. Materials	80% of charge	Not Covered
LASIK or PRK Vision Correction	85% of Retail Price or 95% of Promotional Price	Not Covered

# VISION CONTINUED

**Additional Discounts:** Member receives a 20% discount on items not covered by the plan at network Providers, which cannot be combined with any other discounts or promotional offers. Discount does not apply to EyeMed Provider's professional services, or contact lenses. Members also receive 15% off retail price or 5% off promotional price for LASIK or PRK from the US Laser Network, owned and operated by LCA Vision. After initial purchase, replacement contact lenses may be obtained via the Internet at substantial savings and mailed directly to the member. Details are available at [www.eyemedvisioncare.com](http://www.eyemedvisioncare.com). The contact lens benefit allowance is not applicable to this service.

**Plan Exclusions:** 1) Orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; 2) Medical and/or surgical treatment of the eye, eyes or supporting structures; 3) Any eye or Vision Examination, or any corrective eyewear required by an employer as a condition of employment; Safety eyewear; 4) Services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; 5) Plano (non-prescription) lenses and/or contact lenses; 6) Non-prescription sunglasses; 7) Two pair of glasses in lieu of bifocals; 8) Services or materials provided by any other group benefit plan providing vision care; 9) Services rendered after the date an member ceases to be covered under the Benefit Certificate, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the member are within 31 days from the date of such order. 10) Lost or broken lenses, frames, glasses, or contact lenses will not be replaced except in the next Benefit Frequency when Vision Materials would next become available. 11) Benefit Allowances provide no remaining balance for future use within the same Benefit Frequency. Certain brand name Vision Materials in which the manufacturer imposes a no-discount practice.





# DENTAL AND VISION PREMIUMS

## Delta Dental – Employee Cost

Administrators & Certified

Plan	Employee Only	Employee + 1	Family
PPO	\$0	\$31.99	\$60.20

## Delta Dental - Employee Costs

All Others

Plan	Employee Only	Employee + 1	Family
PPO	\$34.39	\$66.38	\$94.59

## Delta Vision – Employee Costs

Plan	Employee Only	Employee + 1	Family
Enhanced	\$9.36	\$17.78	\$26.18

