DELTA DENTAL®

DeltaVision® administered by EyeMed

PLATINUM PLAN - INSIGHT NETWORK

Benefits Snapshot*

KNOW YOUR BENEFITS

You're on the Insight network

For a complete list of providers near you, use our Provider Locator on EyeMedVisionCare.com

For LASIK providers, call 1.877.5LASER6

For customer service, call 866.605.4242

THERE'S MORE SAVINGS

40% off additional pairs of prescription eyeglasses or sunglasses[7]

20% off non-prescription sunglasses[7]

These discounts are for in-network providers only

[1]Out-of network reimbursement will be the lesser of the listed amount or the member's actual cost from the out-of-net work provider. In certain states, members may be required to pay the full retail rate and not the negotiated retail discount rate with certain participating providers. Please see EyeMed's online provider locator to determine which providers have agreed to the discounted rate.

[2]Fixed pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels. EyeMed reserves the right to make changes to the products on each tier and the mem ber out-of-pocket costs. Contact EyeMed for a current listing of brands by tier.

[3]Contact lens allowance includes materials only.

[4]Diabetic care services cover diabetic eye care evaluation services only for members with Type 1 or Type 2 diabetes. Exclusions and limitations may apply. Refer to plan details for coverage specifics.

[5]Not covered if extended ophthalmoscopy is provided within 6 months.

[6]Not covered if fundus photography is provided within 6 months.

[7]Not insured benefits. Discounts on non-covered services may not be available at all providers or locations.

*This benefits snapshot is valid for effective dates of 7/1/2023 and later. It is provided for informational purposes only and is not a contractual document. If information on snapshot differs from the DeltaVision certificate and benefit summary, the certificate and summary supersede.

Vision Care Service	In-network	Out-of-network[1]
Vision Exam With Dilation (As necessary)	$10 copay	$30
Retinal Imaging	Up to $39	N/A
Contact Lens Fit & Follow-up		
Standard Fit & Follow-up	Up to $40	N/A
Premium Fit & Follow-up	10% off retail price	N/A
Frames	$0 copay; $150 allowance, 20% off balance over $150	$75
Standard Plastic Lenses		
Single Vision	$10 copay	$25
Bifocal	$10 copay	$40
Trifocal	$10 copay	$55
Lenticular	$10 copay	$55
Standard Progressive Lens[2]	$75 copay	$40
Premium Progressive Lens[2]	**Tier 1:** $95 copay **Tier 2:** $105 copay **Tier 3:** $120 copay **Tier 4:** $75 copay, 80% of charge less $120 allowance	$40
Lens Options		
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[2]	$45	N/A
Polarized	20% off retail price	N/A
Photocromatic/Transitions Plastic[2]	$75	N/A
Premium Anti-reflective	**Tier 1:** $57 **Tier 2:** $68 **Tier 3:** 80% of charge	N/A
Other Add-Ons and Services	20% off retail price	N/A
Contact Lenses[3]		
Conventional	$0 copay; $150 allowance, 15% off balance over $150	$120
Disposable	$0 copay; $150 allowance, plus balance over $150	$120
Medically Necessary	$0 copay, paid-in-full	$200
Lasik and PRK Benefit	15% off retail price or 5% off promotional price	N/A
Diabetic Care Services[4]	Covered 100%, $0 copay	
Office Service Visit (Medical follow-up exam)		$77
Fundus Photography[5]		$50
Extended Opthamaloscopy[6]		$15
Gonioscopy		$15
Scanning Laser		$33
Frequency		
Examination	Once every 12 months	
Lenses or Contact Lenses	Once every 12 months	
Frame	Once every 12 months	
Diabetic Care Services	Up to 2 services per benefit year	