

Individual and Family Insight-Preferred Vision Plan

DeltaVision®

| VISION CARE SERVICES | Insight-Preferred | |
|--|---|--------------------------|
| | In-Network Member Cost | Out-of-Network Allowance |
| Benefit Frequency Contact Lenses or Lens | Once every calendar year | |
| Exam | | |
| Frame | | |
| Exam Exam | \$10 copay | Up to \$35 |
| Dilation | \$0 | N/A |
| Eye Exam Refraction | \$0 | N/A |
| Frames | 80% of balance over \$130 | Up to \$65 |
| Lens Single Vision | \$10 copay (standard plastic) | Up to \$25 |
| Bi-focal | \$10 copay (standard plastic) | Up to \$40 |
| Tri-focal | \$10 copay (standard plastic) | Up to \$55 |
| Standard Progressive Lens | \$75 copay | Up to \$40 |
| Premium Progressive Lens | | |
| - Tier 1 | \$95 copay | Up to \$40 |
| - Tier 2 | \$105 copay | Up to \$40 |
| - Tier 3 | \$120 copay | Up to \$40 |
| - Tier 4 | \$75 copay, plus 80% of charge less \$120 | Up to \$40 |
| Lenticular | \$10 copay | Up to \$55 |
| Other Lens Type | 80% of charge | N/A |
| Lens Options Standard Polycarbonate | \$40 copay | N/A |
| Standard Plastic Scratch Coating | \$15 copay | N/A |
| Tint (Solid and Gradient) | \$15 copay | N/A |
| UV Treatment | \$15 copay | N/A |
| Standard Anti-reflective (a/r) Coating | \$45 copay | N/A |
| Photochromatic/Transitions | \$75 copay | N/A |
| Other Lens Options | 80% of charge | N/A |
| Premium Anti-reflective (a/r) Coating | | N/A |
| - Tier 1 | \$57 copay | N/A |
| - Tier 2 | \$68 copay | N/A |
| - Tier 3 | 80% of retail price | N/A |
| Contact Lenses Conventional | 85% of balance over \$130 | Up to \$104 |
| Disposable | Balance over \$130 | Up to \$104 |
| Medically Necessary | \$0 | Up to \$200 |
| Contact Lens Fit & Follow-up Exam Standard | Up to \$40 copay | N/A |
| Premium | 10% discount off retail price | N/A |
| Non-Scheduled Items Doctor Misc. Materials | 80% of charge | N/A |
| LASIK or PRK Vision Correction | 85% of retail price or 95% of promotional price | N/A |

Monthly Per-Person Rate
\$17.72



To be eligible for this coverage, you must be enrolled in a Delta Dental Individual and Family dental plan. Rates are effective January 1, 2022 through December 31, 2022 and are subject to Iowa Insurance Division approval. After paying to insure three children up to the age of 21, Delta Dental will not charge for additional children (up to the age of 21) included on the policy.

DeltaVision is underwritten by Veratus Benefit Solutions, Inc., a wholly-owned subsidiary of Delta Dental of Iowa, utilizing the EyeMed Vision Care Insight network. The information on this page summarizes your benefits and payment obligations. For a detailed description of specific benefits and benefit limitations, see the IMPORTANT INFORMATION and BENEFITS sections of your Certificate.