

 **INSIGHT-PREFERRED**

**VISION CARE SERVICES**

	In-Network Member Cost	Out-of-Network Allowance
<b>Benefit Frequency</b>	Once every calendar year	
Contact Lenses or Lens Exam		
Exam		
Frame		
<b>Exam</b>		
Exam	\$10 copay	Up to \$35
Dilation	\$0	N/A
Eye Exam Refraction	\$0	N/A
<b>Frames</b>	80% of balance over \$130	Up to \$65
<b>Lens</b>		
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
<b>Lens Options</b>		
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
<b>Contact Lenses</b>		
Conventional	85% of balance over \$130	Up to \$104
Disposable	Balance over \$130	Up to \$104
Medically Necessary	\$0	Up to \$200
<b>Contact Lens Fit &amp; Follow-up Exam</b>		
Standard	Up to \$40 copay	N/A
Premium	10% discount off retail price	N/A
<b>Non-Scheduled Items</b>		
Doctor Misc. Materials	80% of charge	N/A
<b>LASIK or PRK Vision Correction</b>	85% of retail price or 95% of promotional price	N/A
<b>Monthly Per-Person Rate</b>		
\$16.84		

To be eligible for this coverage, you must be an Iowa Farm Bureau member and you must be enrolled in the PPO™ Plus Premier-Preferred Prime dental plan.

**Information on rates:** Rates are effective January 1, 2022 through December 31, 2022. 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 Veratrus 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 complete details of the coverage, including exclusions, limitations, and out-of-network coverage, call 888-337-5159 or go to [deltadentalia.com/fb](http://deltadentalia.com/fb).