



## VISION CARE SERVICES

## Benefit Frequency

Contact Lenses or Lens

Exam

Frame

## Exam

Exam

Dilation

Eye Exam Refraction

## Frames

## Lens

Single Vision

Bi-focal

Tri-focal

Standard Progressive Lens

Premium Progressive Lens

- Tier 1

- Tier 2

- Tier 3

- Tier 4

Lenticular

Other Lens Type

## Lens Options

Standard Polycarbonate

Standard Plastic Scratch Coating

Tint (Solid and Gradient)

UV Treatment

Standard Anti-reflective (a/r) Coating

Photochromatic/Transitions

Other Lens Options

Premium Anti-reflective (a/r) Coating

- Tier 1

- Tier 2

- Tier 3

## Contact Lenses

Conventional

Disposable

Medically Necessary

## Contact Lens Fit &amp; Follow-up Exam

Standard

Premium

## Non-Scheduled Items

Doctor Misc. Materials

## LASIK or PRK Vision Correction

## Monthly Per-Person Rate

\$16.84

In-Network Member Cost

Out-of-Network Allowance

Once every calendar year

\$10 copay	Up to \$35
\$0	N/A
\$0	N/A
80% of balance over \$130	Up to \$65
\$10 copay (standard plastic)	Up to \$25
\$10 copay (standard plastic)	Up to \$40
\$10 copay (standard plastic)	Up to \$55
\$75 copay	Up to \$40
\$95 copay	Up to \$40
\$105 copay	Up to \$40
\$120 copay	Up to \$40
\$75 copay, plus 80% of charge less \$120	Up to \$40
\$10 copay	Up to \$55
80% of charge	N/A
\$40 copay	N/A
\$15 copay	N/A
\$15 copay	N/A
\$15 copay	N/A
\$45 copay	N/A
\$75 copay	N/A
80% of charge	N/A
\$57 copay	N/A
\$68 copay	N/A
80% of retail price	N/A
85% of balance over \$130	Up to \$104
Balance over \$130	Up to \$104
\$0	Up to \$200
Up to \$40 copay	N/A
10% discount off retail price	N/A
80% of charge	N/A
85% of retail price or 95% of promotional price	N/A

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, 2023 through December 31, 2023. 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 complete details of the coverage, including exclusions, limitations, and out-of-network coverage, call 888-337-5159 or go to [deltadentalia.com/fb](https://deltadentalia.com/fb).