

DeltaVision®

Broad network.
Flexible solutions.
The easy choice.

For companies with up to 500 employees



Why offer vision coverage?

Healthy employees are happy, productive employees — and vision care is an essential part of health and wellness. A vision exam can detect everything from eyestrain to diabetes to high blood pressure¹. In addition, **2/3 of employees would trade a vacation day for vision coverage²**. Offering vision coverage as part of your benefits package is a great way to recruit and retain staff.

The need for vision care is easy to see:

- **75%** of adults use some form of vision correction³
- **10 million children** suffer from undetected vision problems⁴
- The average American adult spends **11 of 18 waking hours** looking at a screen⁵

PROPER EYE CARE
DELIVERS
\$7,800
— IN ADDED —
PRODUCTIVITY
PER EMPLOYEE⁶

DeltaVision® has you covered.

DeltaVision supports your business with vision care programs designed to deliver long-term value and satisfied employees. Management of your program is simple with the full support of our highly experienced team, along with access to our secure online tools and resources. Add in Iowa's most diverse network of independent and retail providers, and you can see how **DeltaVision makes eyecare coverage easy**.

- **Locally:** offered by Delta Dental of Iowa since 2009
- Covers more than **800 small and large group customers** in Iowa
- **Nationally:** largest network in the U.S. — with more than 40 million covered members and 74,000 providers
- Offers a **diverse network**, with a choice of independent and retail providers
- Provides **additional benefits** for certain medical conditions
- Includes a **variety of plans**, each available on a voluntary or contributory basis
- Provides **hearing discounts** on exams and hearing aids as well as free batteries for two years
- Allows members to access dental and vision benefits in one place with **Delta Dental Member Connection**

True Customization

DeltaVision plans let you:

- 1** Pick your Lens Copay: \$10 or \$25
- 2** Select your Frame Allowance: \$130, \$150 or \$200
- 3** Decide if you want to offer Funded or Discounted Fit and Follow-up Exams
- 4** Or choose to offer a Materials Only plan with frame allowance options of: \$130, \$150 or \$200

DeltaVision[®] PLAN OPTIONS

Insight Network	\$10 Lens Copay	\$25 Lens Copay	Materials Only
Benefit Frequency	Calendar year		
Vision Exam (once every calendar year)	\$10 copay	\$10 copay	\$10 copay
Standard Contact Lens Fit & Follow-up Exam			
Funded	\$0 copay	\$0 copay	N/A
Discounted	Up to \$40	Up to \$40	N/A
Frames (once every two calendar years)	Choice of allowance: \$130/\$150/\$200, 20% discount off balance		
Lens			
Standard Plastic Lens (once every calendar year) Single Vision, Standard Bifocal, Standard Trifocal and Standard Lenticular	\$10 copay	\$25 copay	\$10 copay
Standard Progressive Lens	\$75 copay	\$90 copay	\$75 copay
Premium Progressive Lens	Copay for Tiers 1/2/3: \$95/\$105/\$120 Tier 4: \$75 copay, plus 80% of charge less \$120	Copay for Tiers 1/2/3: \$110/\$120/\$135 Tier 4: \$90 copay, plus 80% of charge less \$120	Copay for Tiers 1/2/3: \$95/\$105/\$120 Tier 4: \$75 copay, plus 80% of charge less \$120
Lens Option Standard Progressive, Tint, UV Coating, Standard Polycarbonate	Various copayments per lens option — approximately equivalent to a 20% discount		
Premium Anti-Reflective Coating	Copay for Tiers 1/2: \$57/\$68 Tier 3: 80% of retail	Copay for Tiers 1/2: \$57/\$68 Tier 3: 80% of retail	Copay for Tiers 1/2: \$57/\$68 Tier 3: 80% of retail
Contact Lenses (once every calendar year)	Choice of Allowance: \$130/\$150/\$200 15% discount off the balance	Choice of Allowance: \$130/\$150/\$200 15% discount off the balance	Choice of Allowance: \$130/\$150/\$200 15% discount off the balance
Conventional			
Disposable	Balance over \$130/\$150/\$200	Balance over \$130/\$150/\$200	Balance over \$130/\$150/\$200
Medically Necessary	Paid in full	Paid in full	Paid in full
Lasik and PRK Vision Correction	15% off retail price or 5% off promotional price		

Voluntary Vision Plans	\$10 Lens Copay			\$25 Lens Copay			Materials Only		
Frame Allowance	\$130	\$150	\$200	\$130	\$150	\$200	\$130	\$150	\$200
Fit & Follow-Up	Discounted / Funded	Discounted / Funded	Discounted / Funded	Discounted / Funded	Discounted / Funded	Discounted / Funded			
Single	\$7.42 / \$8.10	\$7.82 / \$8.72	\$8.84 / \$9.70	\$6.68 / \$7.32	\$7.00 / \$7.68	\$8.12 / \$8.86	\$5.74	\$6.10	\$7.18
Employee / Spouse	\$14.12 / \$15.42	\$14.88 / \$16.62	\$16.82 / \$18.48	\$12.74 / \$13.92	\$13.34 / \$14.62	\$15.46 / \$16.88	\$10.82	\$11.54	\$13.56
Employee / Child(ren)	\$16.02 / \$17.40	\$16.88 / \$18.82	\$19.06 / \$20.94	\$14.44 / \$15.78	\$15.12 / \$16.56	\$17.50 / \$19.14	\$12.30	\$13.08	\$15.38
Family	\$21.14 / \$23.00	\$22.30 / \$24.84	\$25.16 / \$27.64	\$19.08 / \$20.84	\$19.96 / \$21.88	\$23.12 / \$25.26	\$16.20	\$17.22	\$20.26
Contributory Vision Plans	\$10 Lens Copay			\$25 Lens Copay			Materials Only		
Frame Allowance	\$130	\$150	\$200	\$130	\$150	\$200	\$130	\$150	\$200
Fit & Follow-Up	Discounted / Funded	Discounted / Funded	Discounted / Funded	Discounted / Funded	Discounted / Funded	Discounted / Funded			
Single	\$5.66 / \$6.18	\$5.96 / \$6.66	\$6.74 / \$7.40	\$5.10 / \$5.58	\$5.34 / \$5.86	\$6.20 / \$6.76	\$4.38	\$4.66	\$5.48
Employee / Spouse	\$10.78 / \$11.76	\$11.36 / \$12.68	\$12.84 / \$14.10	\$9.72 / \$10.62	\$10.18 / \$11.16	\$11.80 / \$12.88	\$8.26	\$8.80	\$10.34
Employee / Child(ren)	\$12.22 / \$13.28	\$12.88 / \$14.36	\$14.54 / \$15.98	\$11.02 / \$12.04	\$11.54 / \$12.64	\$13.36 / \$14.60	\$9.38	\$9.98	\$11.74
Family	\$16.14 / \$17.56	\$17.02 / \$18.96	\$19.20 / \$21.10	\$14.56 / \$15.90	\$15.24 / \$16.70	\$17.64 / \$19.28	\$12.36	\$13.14	\$15.46

For two-tier rates and three-tier rates, contact your agent or a Delta Dental representative. These monthly rates are effective January 1, 2021 through December 31, 2021 and are subject to Iowa Insurance Division approval. For new groups, rates are good for 24 months from initial enrollment as long as your plan does not change. Contributory plans are subject to underwriting guidelines. Contributory plans also require employers with 50 or less employees to contribute any amount towards premiums and employers with 51+ employees to have 50 percent participation. Please see plan for details. DeltaVision is underwritten by Veratus Benefit Solutions, Inc., a wholly owned subsidiary of Delta Dental of Iowa, utilizing the EyeMed Vision Care Insight network.

FOR MORE INFORMATION

Contact your broker or a DeltaVision representative at **877-423-3582**, or visit deltadentalia.com/deltavision.

