

# Bring one smart benefit into view.

How important is a vision benefit to your employees? When you consider that 2/3 of them would likely **trade a vacation day for vision coverage**<sup>1</sup>, it's no wonder that offering an eyecare plan is a great way to recruit and retain staff.

## DeltaVision makes eyecare coverage easy.

With our large network of providers, DeltaVision has provided vision coverage to more than 113,000<sup>2</sup> members since 2009.

### ▶ SIMPLE

- Coverage is accepted at 125,000<sup>3</sup> providers nationwide, including a choice of independent and retail providers.

### ▶ CUSTOMIZABLE

Choose your:

- Lens copay (\$10 or \$25)
- Frame allowance (\$130, \$150 or \$200)
- Funded or Discounted Fit & Follow-Up Contact Exams
- Or choose to offer a Materials Only plan (\$130, \$150 or \$200 frame allowance)

### ▶ TRUSTED

- We support more than 1,600<sup>4</sup> employers like you with a dedicated, experienced team that manages every part of your program.



## One & Sun Plan with FREE sunglasses

With our One & Sun Plan, your employees and their covered spouses can score a FREE pair of designer sunglasses ... simply for having a routine eye exam!

- ▶ To learn more about the One & Sun Plan, **contact your broker or Delta Dental.**

For more information ▶ [Contact your broker](#) | Call 877-423-3582 | Visit [deltadentalia.com/deltavision](https://deltadentalia.com/deltavision)

<sup>1</sup>National Eye Institute.

<sup>3</sup>EyeMed National Network, Insight 2022.

<sup>2</sup>Based on May 2023 Delta Dental of Iowa member data. <sup>4</sup>Based on May 2023 Delta Dental of Iowa employer data.

# Plan options

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

## ► Voluntary Vision Plan Rates

	\$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	\$7.74 / \$8.44	\$8.14 / \$9.08	\$9.20 / \$10.10	\$6.96 / \$7.64	\$7.28 / \$8.00	\$8.46 / \$9.22	\$5.98	\$6.34	\$7.48
Employee/Spouse	\$14.70 / \$16.06	\$15.48 / \$17.30	\$17.50 / \$19.24	\$13.26 / \$14.48	\$13.90 / \$15.22	\$16.10 / \$17.56	\$11.26	\$12.02	\$14.12
Employee/ Child(ren)	\$16.68 / \$18.12	\$17.56 / \$19.58	\$19.84 / \$21.80	\$15.04 / \$16.42	\$15.74 / \$17.24	\$18.22 / \$19.92	\$12.82	\$13.62	\$16.02
Family	\$22.00 / \$23.94	\$23.22 / \$25.86	\$26.18 / \$28.76	\$19.86 / \$21.70	\$20.78 / \$22.78	\$24.06 / \$26.30	\$16.86	\$17.92	\$21.10

## ► Contributory Vision Plan Rates

	\$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	\$5.90 / \$6.44	\$6.20 / \$6.94	\$7.02 / \$7.72	\$5.30 / \$5.82	\$5.58 / \$6.10	\$6.46 / \$7.04	\$4.58	\$4.86	\$5.72
Employee/Spouse	\$11.22 / \$12.24	\$11.84 / \$13.20	\$13.36 / \$14.68	\$10.12 / \$11.06	\$10.60 / \$11.62	\$12.28 / \$13.40	\$8.62	\$9.16	\$10.78
Employee/ Child(ren)	\$12.72 / \$13.84	\$13.40 / \$14.96	\$15.14 / \$16.64	\$11.46 / \$12.54	\$12.02 / \$13.16	\$13.92 / \$15.20	\$9.78	\$10.38	\$12.22
Family	\$16.80 / \$18.28	\$17.72 / \$19.74	\$19.98 / \$21.96	\$15.16 / \$16.54	\$15.86 / \$17.38	\$18.36 / \$20.08	\$12.88	\$13.68	\$16.10

## ► One & Sun Vision Plan

	\$10 Lens Copay	\$25 Lens Copay
Single	\$11.20	\$9.26
Employee/Spouse	\$20.80	\$17.14
Employee/ Child(ren)	\$20.62	\$16.46
Family	\$28.52	\$23.02

For more information ►

Call 877-423-3582 | Visit [deltadentalia.com/deltavision](https://deltadentalia.com/deltavision)



These monthly rates are effective January 1, 2024 through December 31, 2024, 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 require employers with 50 or less employees to contribute any amount towards premiums and employers with 51+ employees to have 50 percent participation. For complete details of the coverage, including exclusions, limitations, and out-of-network coverage, call 877-423-3582 or go to [deltadentalia.com](https://deltadentalia.com). DeltaVision is underwritten by Veratus Benefit Solutions, Inc., a wholly owned subsidiary of Delta Dental of Iowa, utilizing the EyeMed Vision Care Insight network. 2824-F10329 05/2023