

 VISION

Smart benefits. Clear value.

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

DeltaVision provides vision coverage to more than 138,000 members.² Here's how we can make eyecare coverage easy for you:

SIMPLE

Coverage is accepted at 125,000³ 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 1,800⁴ 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

¹National Eye Institute.

²Based on April 2024 Delta Dental of Iowa member data.

³EyeMed National Network, Insight 2022.

⁴Based on April 2024 Delta Dental of Iowa employer data.

Plan options

Insight In-Network	\$10 Lens Copay	\$25 Lens Copay	Materials Only
Benefit Frequency	Once every calendar year (frames are once every two calendar years)		
Vision Exam	\$10 copay	\$10 copay	N/A
Standard Contact Lens Fit & Follow-Up Exam			N/A
Funded	\$0 copay	\$0 copay	
Discounted	Up to \$40	Up to \$40	
Frames (once every two calendar years)	Choice of allowance: \$130/\$150/\$200 20% discount off the balance	Choice of allowance: \$130/\$150/\$200 20% discount off the balance	Choice of allowance: \$130/\$150/\$200 20% discount off the balance
Standard Plastic Lens 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	Choice of Allowance: \$130/\$150/\$200	Choice of Allowance: \$130/\$150/\$200	Choice of Allowance: \$130/\$150/\$200
Conventional Disposable	15% discount off the balance Balance over \$130/\$150/\$200	15% discount off the balance Balance over \$130/\$150/\$200	15% discount off the balance Balance over \$130/\$150/\$200
Medically Necessary	Paid in full	Paid in full	Paid in full
Lasik and PRK Benefit	15% off retail price or 5% off promotional price		

Voluntary Vision Plan Rates

	\$10 Lens Copay			\$25 Lens Copay			Materials Only		
	\$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		
	\$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

	Voluntary	Contributory
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

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These monthly rates are effective January 1, 2025 through December 31, 2025, 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. Veratrus Benefit Solutions, Inc. underwrites DeltaVision using the EyeMed Vision Care Insight Network. Veratrus is a wholly owned subsidiary of Delta Dental of Iowa. For more information on Veratrus, visit deltadentalia.com/veratrus.