DELTAVISION EMPLOYER PLANS
FOR COMPANIES UP TO 500 EMPLOYEES

DELTA DENTAL® DeltaVision®

VISION

Smart benefits. **Clear value.**

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

DeltaVision provides vision coverage to more than 197,000 members.[2] Here's how we can make eyecare coverage easy for you:

SIMPLE

Coverage is accepted at 140,000+ providers nationwide[3], 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 2,300 Iowa employers[4] like you with a dedicated, experienced team that manages every part of your program.

FOR MORE INFORMATION

Contact your broker | Call **877-423-3582** | Visit **deltadentalia.com/deltavision**

[1] National Eye Institute.
[2] Based on April 2026 Delta Dental of Iowa member data.
[3] Based on Insight Network, EyeMed book of business, February 2026.
[4] Based on April 2026 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 Funded Discounted	 $0 copay Up to $40	 $0 copay Up to $40	N/A
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 Conventional Disposable	**Choice of Allowance:** $130/$150/$200 15% discount off the balance Balance over $130/$150/$200	**Choice of Allowance:** $130/$150/$200 15% discount off the balance Balance over $130/$150/$200	**Choice of Allowance:** $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		
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	$7.90 / $8.62	$8.30 / $9.26	$9.38 / $10.30	$7.10 / $7.80	$7.44 / $8.16	$8.64 / $9.40	$6.10	$6.48	$7.64
Employee/Spouse	$15.00 / $16.38	$15.80 / $17.66	$17.86 / $19.62	$13.54 / $14.78	$14.18 / $15.52	$16.42 / $17.92	$11.50	$12.26	$14.40
Employee/Child(ren)	$17.02 / $18.48	$17.92 / $19.98	$20.24 / $22.24	$15.34 / $16.76	$16.06 / $17.58	$18.58 / $20.32	$13.08	$13.90	$16.34
Family	$22.44 / $24.42	$23.68 / $26.38	$26.70 / $29.34	$20.26 / $22.14	$21.20 / $23.24	$24.54 / $26.84	$17.20	$18.28	$21.52

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	$6.02 / $6.58	$6.32 / $7.08	$7.16 / $7.88	$5.42 / $5.94	$5.70 / $6.22	$6.60 / $7.18	$4.68	$4.96	$5.84
Employee/Spouse	$11.44 / $12.48	$12.08 / $13.46	$13.64 / $14.98	$10.32 / $11.28	$10.82 / $11.86	$12.54 / $13.68	$8.80	$9.34	$11.00
Employee/Child(ren)	$12.98 / $14.12	$13.68 / $15.26	$15.44 / $16.98	$11.70 / $12.80	$12.26 / $13.42	$14.20 / $15.50	$9.98	$10.60	$12.46
Family	$17.14 / $18.66	$18.08 / $20.14	$20.38 / $22.40	$15.46 / $16.88	$16.18 / $17.74	$18.74 / $20.48	$13.14	$13.96	$16.42

FOR MORE INFORMATION

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These monthly rates are effective January 1, 2027, through December 31, 2027, 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.

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