

 **INSIGHT-PREFERRED**

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 & Follow-up Exam

Standard

Premium

Non-Scheduled Items

Doctor Misc. Materials

LASIK or PRK Vision Correction

Monthly Per-Person Rate

\$18.75

	In-Network Member Cost	Out-of-Network
	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
	Premium Progressive as follows:	Up to \$40
	\$95	
	\$105	
	\$120	
	80% of Charge less \$120, plus \$75 Copay	
	\$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	N/A
	80% of Charge	N/A
	Premium Anti-reflective Coating as follows:	N/A
	\$57	N/A
	\$68	N/A
	80% of Retail	N/A
	85% of Balance over \$130	Up to \$104
	Balance over \$130	Up to \$104
	\$0	Up to \$200
	Up to \$40	N/A
	10% discount off retail	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 PPOSM Plus Premier-Preferred Prime dental plan.

Information on Rates: Rates are effective January 1, 2019 through December 31, 2019. 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 a detailed description of specific benefits and benefit limitations, see the IMPORTANT INFORMATION and BENEFITS sections of your Certificate.