

VISION CARE SERVICES	Materials Only \$10 Lens Copay \$150 Frame Allowance		\$25 Lens Copay \$130 Frame Allowance Fit & Follow-Up Discounted		\$10 Lens Copay \$150 Frame Allowance Fit & Follow-Up Discounted	
	In-Network Member Cost	Out-of-Network Allowance	In-Network Member Cost	Out-of-Network Allowance	In-Network Member Cost	Out-of-Network Allowance
Benefit Frequency						
Contact Lenses or Lens Exam	Once every calendar year		Once every calendar year		Once every calendar year	
Frame	N/A		Once every calendar year		Once every calendar year	
	Once every two calendar years		Once every two calendar years		Once every two calendar years	
Exam			\$10 Copay	Up to \$35	\$10 Copay	Up to \$35
Dilation, Eye Exam Refraction	N/A	N/A	\$0	N/A	\$0	N/A
Frames	80% of balance >\$150	Up to \$75	80% of balance >\$130	Up to \$65	80% of balance >\$150	Up to \$75
Lens						
Single Vision	\$10 Copay	Up to \$25	\$25 Copay	Up to \$25	\$10 Copay	Up to \$25
Bi-focal		Up to \$40		Up to \$40		Up to \$40
Tri-focal		Up to \$55		Up to \$55		Up to \$55
Standard Progressive Lens	\$75 Copay	Up to \$40	\$90 Copay	Up to \$40	\$75 Copay	Up to \$40
Premium Progressive Lens						
- Tier 1	\$95 Copay	N/A	\$110 Copay	N/A	\$95 Copay	N/A
- Tier 2	\$105 Copay		\$120 Copay			
- Tier 3	\$120 Copay		\$135 Copay			
- Tier 4	\$75 Copay, plus 80% of charge less \$120		\$90 Copay, plus 80% of charge less \$120			
Lenticular	\$10 Copay	Up to \$55	\$25 Copay	Up to \$55	\$10 Copay	Up to \$55
Other Lens Type	80% of Charge	N/A	80% of Charge	N/A	80% of Charge	N/A
Lens Options						
Standard Polycarbonate	\$40 Copay	N/A	\$40 Copay	N/A	\$40 Copay	N/A
Standard Plastic Scratch Coating	\$15 Copay		\$15 Copay			
Tint (Solid and Gradient)	\$15 Copay		\$15 Copay			
UV Treatment	\$15 Copay		\$15 Copay			
Standard Anti-reflective (a/r) Coating	\$45 Copay		\$45 Copay			
Photochromatic/Transitions	\$75 Copay		\$75 Copay			
Other Lens Options	80% of Charge		80% of Charge			
Premium Anti-reflective (a/r) Coating						
- Tier 1	\$57 Copay		\$57 Copay			
- Tier 2	\$68 Copay		\$68 Copay			
- Tier 3	80% of Retail	80% of Retail				
Contact Lenses						
Conventional	85% of balance >\$150	Up to \$120	85% of balance >\$130	Up to \$104	85% of balance >\$150	Up to \$120
Disposable	Balance >\$150	Up to \$120	Balance >\$130	Up to \$104	Balance >\$150	Up to \$120
Medically Necessary	\$0	Up to \$200	\$0	Up to \$200	\$0	Up to \$200
Contact Lens Fit & Follow-up Exam						
Standard	N/A	N/A	Up to \$40	N/A	Up to \$40	N/A
Premium			10% of Retail Price		10% of Retail Price	
Non-Scheduled Items						
Doctor Misc. Materials	80% of Charge	N/A	80% of Charge	N/A	80% of Charge	N/A
LASIK or PRK Vision Correction	85% Retail Price or 95% Promotional Price	N/A	85% Retail Price or 95% Promotional Price	N/A	85% Retail Price or 95% Promotional Price	N/A
Monthly Rates						
Single	\$4.82		\$5.26		\$6.16	
Employee / Spouse	\$9.08		\$10.04		\$11.72	
Employee / Child(ren)	\$10.30		\$11.38		\$13.30	
Family	\$13.56		\$15.02		\$17.56	

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