



**GRANT WOOD AEA #32694**

BENEFIT FREQUENCY		
Contact Lenses or Lens	Once every calendar year.	
Exam	Once every calendar year.	
Frame	Once every two calendar years.	
Vision Care Services	In-Network Member Cost	Out of Network
EXAM		
Exam	\$0 Copay	Up to \$35
Dilation	\$0	N/A
Eye Exam Refraction	\$0	N/A
LENS		
Single Vision	\$10 Copay	Up to \$25
Bi-focal	\$10 Copay	Up to \$40
Tri-focal	\$10 Copay	Up to \$55
Standard Progressive Lens	\$75 Copay	Up to \$40
Premium Progressive Lens	Premium Progressive as follows:	Up to \$40
- Tier 1	\$95	N/A
- Tier 2	\$105	N/A
- Tier 3	\$120	N/A
- Tier 4	80% of Balance less \$120, plus \$75 Copay	N/A
Lenticular	\$10 Copay	Up to \$55
Other Lens Type	80% of Charge	N/A
FRAME		
Frame	80% of Balance over \$150	Up to \$75
LENS OPTIONS:		
Standard Polycarbonate	\$40 Copay	N/A
Standard Plastic Scratch Coating	\$0 Copay	Up to \$5
Tint (Solid and Gradient)	\$15 Copay	N/A
UV Treatment	\$15 Copay	N/A
Standard Anti-reflective Coating	\$0 Copay	N/A
Premium Anti-reflective (a/r) Coating	Premium Anti-Reflective Coating as follows:	N/A
- Tier 1	\$57	N/A
- Tier 2	\$68	N/A
- Tier 3	80% of retail	N/A
Photochromatic/Transitions	\$75	N/A
Other Lens Options	80% of Charge	N/A
CONTACT LENSES		
Conventional Lens - Conventional	85% of Balance over \$150	Up to \$120
Contact Lens - Disposable	Balance over \$150	Up to \$120
Standard Fit And Follow Up Exam	\$40	N/A
Premium Fit And Follow Up Exam	10% off retail price	N/A
Medically Necessary	\$0	Up to \$200
NON-SCHEDULED ITEMS		
Doctor Misc. Materials	80% of Charge	N/A
LASIK or PRK Vision Correction		
	85% of Retail Price or 95% of Promotional Price	N/A

DeltaVision is underwritten by Veratrus 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. For a detailed description of specific benefits and benefit limitations, see the IMPORTANT INFORMATION and BENEFITS sections of your Certificate.