

In-Network	DeltaVision Enhanced	DeltaVision Enhanced (No Fit & Follow-Up)	DeltaVision Preferred	DeltaVision Preferred (No Fit and Follow-Up)
Vision Exam (Once every calendar year)	\$10 copay	\$10 copay	\$10 copay	\$10 copay
Contact Lens Fit & Follow-up Exam	\$0 copay	N/A	\$0 copay	N/A
Frames (Once every two calendar years)	\$150 allowance; 20% discount off the balance	\$150 allowance; 20% discount off the balance	\$130 allowance; 20% discount off the balance	\$130 allowance; 20% discount off the balance
Lens (Once every calendar year) Standard Plastic Lens Single Vision, Standard Bifocal, Standard Trifocal and Standard Lenticular	\$10 copay	\$10 copay	\$10 copay	\$10 copay
Standard Progressive Lens	\$75	\$75	\$75	\$75
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: \$95/\$105/\$120 Tier 4: \$75 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	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 Premium Anti-Reflective Coating	Various copayments per lens option - approximately equivalent to a 20% discount			
	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	Copay for tiers 1/2: \$57/\$68 Tier 3: 80% of retail
Contact Lenses (Once every calendar year)	\$150 allowance; 15% discount off the balance	\$150 allowance; 15% discount off the balance	\$130 allowance; 15% discount off the balance	\$130 allowance; 15% discount off the balance
Conventional	\$150 allowance	\$150 allowance	\$130 allowance	\$130 allowance
Disposable	\$150 allowance	\$150 allowance	\$130 allowance	\$130 allowance
Medically Necessary	Paid in full	Paid in full	Paid in full	Paid in full
Lasik and PRK Benefit	15% off retail price or 5% off promotional price			
Voluntary Monthly Rates*	DeltaVision Enhanced	DeltaVision Enhanced (No Fit and Follow-Up)	DeltaVision Preferred	DeltaVision Preferred (No Fit and Follow-Up)
Lens Copay	\$10	\$10	\$10	\$10
Four-Tier Single	\$8.72	\$7.94	\$8.10	\$7.38
Employee/Spouse	\$16.62	\$15.12	\$15.42	\$14.04
Employee/Child(ren)	\$18.82	\$17.14	\$17.40	\$15.84
Family	\$24.84	\$22.60	\$23.00	\$20.94
Three-Tier Single	\$8.72	\$7.94	\$8.10	\$7.38
Two Person	\$16.62	\$15.12	\$15.42	\$14.04
Family	\$24.48	\$22.28	\$22.66	\$20.62
Two-Tier Single	\$8.72	\$7.94	\$8.10	\$7.38
Family	\$22.28	20.28	\$20.66	\$18.80

*Four-tier rates are not available for groups with less than ten eligible employees. Rates are effective until December 31, 2019. Voluntary plans are subject to underwriting guidelines. Please see plan for details. DeltaVision is underwritten by Veratus Benefit Solutions, Inc., a wholly owned subsidiary of Delta Dental of Iowa, utilizing the EyeMed Vision Care Insight network.



DeltaVision® Contributory Plans

Insight Network Vision Plans for Delta Dental of Iowa

In-Network	DeltaVision Enhanced	DeltaVision Enhanced (No Fit & Follow-Up)	DeltaVision Preferred	DeltaVision Preferred (No Fit and Follow-Up)
Vision Exam (Once every calendar year)	\$10 copay	\$10 copay	\$10 copay	\$10 copay
Contact Lens Fit & Follow-up Exam	\$0 copay	N/A	\$0 copay	N/A
Frames (Once every two calendar years)	\$150 allowance; 20% discount off the balance	\$150 allowance; 20% discount off the balance	\$130 allowance; 20% discount off the balance	\$130 allowance; 20% discount off the balance
Lens (Once every calendar year) Standard Plastic Lens Single Vision, Standard Bifocal, Standard Trifocal and Standard Lenticular	\$10 copay	\$10 copay	\$10 copay	\$10 copay
Standard Progressive Lens	\$75	\$75	\$75	\$75
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: \$95/\$105/\$120 Tier 4: \$75 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	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 Premium Anti-Reflective Coating	Various copayments per lens option - approximately equivalent to a 20% discount			
	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	Copay for tiers 1/2: \$57/\$68 Tier 3: 80% of retail
Contact Lenses (Once every calendar year)	\$150 allowance; 15% discount off the balance	\$150 allowance; 15% discount off the balance	\$130 allowance; 15% discount off the balance	\$130 allowance; 15% discount off the balance
Conventional	\$150 allowance	\$150 allowance	\$130 allowance	\$130 allowance
Disposable	\$150 allowance	\$150 allowance	\$130 allowance	\$130 allowance
Medically Necessary	Paid in full	Paid in full	Paid in full	Paid in full
Lasik and PRK Benefit	15% off retail price or 5% off promotional price			
Contributory Monthly Rates*	DeltaVision Enhanced	DeltaVision Enhanced (No Fit and Follow-Up)	DeltaVision Preferred	DeltaVision Preferred (No Fit and Follow-Up)
Lens Copay	\$10	\$10	\$10	\$10
Four-Tier Single	\$6.66	\$6.06	\$6.18	\$5.62
Employee/Spouse	\$12.68	\$11.54	\$11.76	\$10.70
Employee/Child(ren)	\$14.36	\$13.08	\$13.28	\$12.08
Family	\$18.96	\$17.26	\$17.56	\$15.98
Three-Tier Single	\$6.66	\$6.06	\$6.18	\$5.62
Two Person	\$12.68	\$11.54	\$11.76	\$10.70
Family	\$18.68	\$17.00	\$17.30	\$15.74
Two-Tier Single	\$6.66	\$6.06	\$6.18	\$5.62
Family	\$17.00	\$15.48	\$15.76	\$14.34

*Four-tier rates are not available for groups with less than ten eligible employees. Rates are effective until December 31, 2019. Contributory plans are subject to underwriting guidelines and require 50 percent participation. Please see plan for details. DeltaVision is underwritten by Veratus Benefit Solutions, Inc., a wholly owned subsidiary of Delta Dental of Iowa, utilizing the EyeMed Vision Care Insight network.