

## POPULAR PLAN OPTIONS - INSIGHT NETWORK

In-Network	Diamond	Platinum	Gold
<b>Vision Exam With Dilation</b> (As necessary)	\$10 copay	\$10 copay	\$10 copay
<b>Retinal Imaging</b>	Up to \$39	Up to \$39	Up to \$39
<b>Contact Lens Fit &amp; Follow-up</b>			
Standard Fit & Follow-up	Up to \$40	Up to \$40	Up to \$40
Premium Fit & Follow-up	10% off retail price	10% off retail price	10% off retail price
<b>Frames</b>	\$0 copay; \$175 allowance, 20% off balance over \$175	\$0 copay; \$150 allowance, 20% off balance over \$150	\$0 copay; \$125 allowance, 20% off balance over \$125
<b>Standard Plastic Lenses</b>			
Single Vision	\$10 copay	\$10 copay	\$10 copay
Bifocal	\$10 copay	\$10 copay	\$10 copay
Trifocal	\$10 copay	\$10 copay	\$10 copay
Lenticular	\$10 copay	\$10 copay	\$10 copay
Standard Progressive Lens <sup>1</sup>	\$75 copay	\$75 copay	\$75 copay
Premium Progressive Lens <sup>1</sup>	<b>Tier 1:</b> \$95 copay <b>Tier 2:</b> \$105 copay <b>Tier 3:</b> \$120 copay <b>Tier 4:</b> \$75 copay, 80% of charge less \$120 allowance	<b>Tier 1:</b> \$95 copay <b>Tier 2:</b> \$105 copay <b>Tier 3:</b> \$120 copay <b>Tier 4:</b> \$75 copay, 80% of charge less \$120 allowance	<b>Tier 1:</b> \$95 copay <b>Tier 2:</b> \$105 copay <b>Tier 3:</b> \$120 copay <b>Tier 4:</b> \$75 copay, 80% of charge less \$120 allowance
<b>Lens Options</b>			
UV Coating	\$15	\$15	\$15
Tint (Solid and gradient)	\$15	\$15	\$15
Standard Scratch-Resistance	\$0 copay	\$15	\$15
Standard Polycarbonate	\$0 copay	\$40	\$40
Standard Anti-Reflective <sup>1</sup>	\$45	\$45	\$45
Polarized	20% off retail price	20% off retail price	20% off retail price
Photocromatic/Transitions Plastic <sup>1</sup>	\$75	\$75	\$75
Premium Anti-reflective	<b>Tier 1:</b> \$57 <b>Tier 2:</b> \$68 <b>Tier 3:</b> 80% of charge	<b>Tier 1:</b> \$57 <b>Tier 2:</b> \$68 <b>Tier 3:</b> 80% of charge	<b>Tier 1:</b> \$57 <b>Tier 2:</b> \$68 <b>Tier 3:</b> 80% of charge
Other Add-Ons and Services	20% off retail price	20% off retail price	20% off retail price
<b>Contact Lenses<sup>2</sup></b>			
Conventional	\$0 copay; \$175 allowance, 15% off balance over \$175	\$0 copay; \$150 allowance, 15% off balance over \$150	\$0 copay; \$125 allowance, 15% off balance over \$125
Disposable	\$0 copay; \$175 allowance, plus balance over \$175	\$0 copay; \$150 allowance, plus balance over \$150	\$0 copay; \$125 allowance, plus balance over \$125
Medically Necessary	\$0 copay, paid-in-full	\$0 copay, paid-in-full	\$0 copay, paid-in-full
<b>Lasik and PRK Benefit</b>	15% off retail price or 5% off promotional price		
<b>Diabetic Care Services<sup>3</sup></b>			
Office Service Visit (Medical follow-up exam)			
Fundus Photography <sup>4</sup>			
Extended Ophthalmoscopy <sup>5</sup>	Covered 100%, \$0 copay		
Gonioscopy			
Scanning Laser			
<b>Frequency</b>			
Examination	Once every 12 months	Once every 12 months	Once every 12 months
Lenses or Contact Lenses	Once every 12 months	Once every 12 months	Once every 12 months
Frame	Once every 12 months	Once every 12 months	Once every 12 months
Diabetic Care Services	Up to 2 services per benefit year		

## NEW BUSINESS RATES<sup>7</sup>



With the One & Sun add-on, when eligible DeltaVision members<sup>9</sup> get an annual eye exam, they can claim a FREE pair of Ray-Ban<sup>®</sup>, Oakley<sup>®</sup> or other non-prescription sunglasses every other year, just for using the vision benefits they already have. **Learn more at [oneandsun.com](https://oneandsun.com).**

Monthly Rates With One & Sun and bundled with dental <sup>6,7,8</sup>	Diamond	Platinum	Gold
<b>4-tier</b>			
Employee	\$12.58	\$10.24	\$8.66
Employee + Spouse	\$25.18	\$20.50	\$17.33
Employee + Child(ren)	\$22.09	\$17.52	\$14.43
Employee + Family	\$35.67	\$28.53	\$23.70

Monthly Rates When bundled with dental and without One & Sun <sup>6,7</sup>	Diamond	Platinum	Gold
<b>4-tier</b>			
Employee	\$9.98	\$7.64	\$6.06
Employee + Spouse	\$19.98	\$15.30	\$12.13
Employee + Child(ren)	\$19.49	\$14.92	\$11.83
Employee + Family	\$30.47	\$23.33	\$18.50

Monthly Rates Stand alone without One & Sun <sup>7</sup>	Diamond	Platinum	Gold
<b>4-tier</b>			
Employee	\$13.48	\$10.32	\$8.16
Employee + Spouse	\$26.99	\$20.65	\$16.32
Employee + Child(ren)	\$26.33	\$20.15	\$15.91
Employee + Family	\$41.17	\$31.51	\$24.88

<sup>1</sup>Fixed pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels. EyeMed reserves the right to make changes to the products on each tier and the member out-of-pocket costs. Contact EyeMed for a current listing of brands by tier.

<sup>2</sup>Contact lens allowance includes materials only.

<sup>3</sup>Diabetic care services cover diabetic eyecare evaluation services only for members with Type 1 or Type 2 diabetes. Exclusions and limitations may apply. Refer to plan details for coverage specifics.

<sup>4</sup>Not covered if extended ophthalmology is provided within 6 months.

<sup>5</sup>Not covered if fundus photography is provided within 6 months.

<sup>6</sup>Vision plans bundled with dental require a minimum of 2 enrolled employees. Bundled dental/vision plans must be the same rate tier. Employer contribution is not required.

<sup>7</sup>Rates valid for effective dates 05/01/2024-12/01/2025 for new vision groups sized 2-500 and have a 24-month rate guarantee. Contact your broker or Delta Dental of Arizona representative for large group rates. Two-tier and three-tier rates available upon request.

<sup>8</sup>Stand-alone vision plans are not eligible for the One & Sun add-on.

<sup>9</sup>Only the subscriber/policyholder and their covered spouse are eligible for One and Sun. Children are not eligible. Refer to plan documentation for full details.

<sup>10</sup>Rates may include up to 10% broker commissions.

The Insight network consists of:



Plus these online providers:



### QUESTIONS?

Silver and Bronze plans are also available. Contact your broker or a Delta Dental of Arizona representative. You can also visit [deltadentalaz.com/vision](https://deltadentalaz.com/vision) for more information.