

## DELTA DENTAL INDIVIDUAL & FAMILY™ VISION PLAN ADD-ONS | ADVANTAGE NETWORK

Vision Care Services <sup>1</sup>	Vision Plan - 100 Member Cost In-Network <sup>2</sup>	Vision Plan - 200 Member Cost In-Network <sup>2</sup>
<b>Exam with Dilation as Necessary</b>	\$10 copay	\$0 copay
<b>Fundus Photography Benefit</b>	Up to \$39	Up to \$39
<b>Exam Options</b>		
Standard Contact Lens Fit and Follow-up	Up to \$40	Up to \$40
Premium Contact Lens Fit and Follow-up	10% off retail price	10% off retail price
<b>Frames</b>		
Any available frame at provider location	\$0 copay; \$130 allowance, 20% off balance over \$130	\$0 copay; \$200 allowance, 20% off balance over \$200
<b>Standard Plastic Lenses</b>		
Single Vision	\$10 copay	\$10 copay
Bifocal	\$10 copay	\$10 copay
Trifocal	\$10 copay	\$10 copay
Lenticular	\$10 copay	\$10 copay
Standard Progressive	\$70 copay	\$70 copay
Premium Progressive	\$70 copay, 80% of charge less \$120 allowance	\$70 copay, 80% of charge less \$120 allowance
<b>Lens Options</b>		
UV Treatment	\$12	\$12
Tint (Solid and Gradient)	\$12	\$12
Standard Plastic Scratch Coating	\$12	\$12
Standard Polycarbonate - Adults	\$35	\$35
Standard Polycarbonate - Kids under 19	\$35	\$35
Standard Anti-Reflective Coating	\$40	\$40
Premium Anti-Reflective	80% of charge	80% of charge
Polarized	30% off retail price	30% off retail price
Other Add-ons	30% off retail price	30% off retail price
<b>Contact Lenses (materials only)</b>		
Conventional	\$0 copay, \$130 allowance, 15% off balance over \$130	\$0 copay, \$200 allowance, 15% off balance over \$200
Disposable	\$0 copay, \$130 allowance, plus balance over \$130	\$0 copay, \$200 allowance, plus balance over \$200
Medically Necessary	\$0 copay, paid-in-full	\$0 copay, paid-in-full
<b>Laser Vision Correction</b>		
Lasik or PRK from U.S. Laser Network	15% off retail price or 5% off promotional price	15% off retail price or 5% off promotional price
<b>Frequency</b>		
Examination	Once every 12 months	Once every 12 months
Lenses or Contact Lenses	Once every 12 months	Once every 12 months
Frame	Once every 12 months	Once every 12 months

EyeMed's Advantage network consists of:



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### Rates per person, per month<sup>4</sup>

#### Free Until Three™,<sup>5</sup>

Age 3-54  
Age 55+

#### Vision Plan - 100

\$0
\$5.57
\$5.57

#### Vision Plan - 200

\$0
\$11.57
\$11.57

### FAQs

#### Which EyeMed network does this plan use?

This plan uses EyeMed's *Advantage* network of more than 4,600 providers in Arizona and 143,000 providers in the U.S.<sup>3</sup>

#### How do I know if my vision provider is in-network?

Visit [www.eyemedvisioncare.com/locator](http://www.eyemedvisioncare.com/locator) and choose the *Advantage* network to find a vision provider near you.

#### What is Free Until Three™,<sup>5</sup>?

The American Optometric Association recommends a first eye exam with an optometrist or ophthalmologist between 6 months and 1 year of age. Because many eye disorders can occur in early childhood and may affect a child's ability to learn, our plan encourages parents to get eye exams for their kids with the Free Until Three™ feature. Simply put, there is no charge to cover dependents under the age of 3.

#### Are out-of-network benefits available on this vision plan?

Yes, some services may be covered if you see an out-of-network provider. However, you will pay billed charges at the time of service. You may then submit for reimbursement for covered out-of-network services. For the Vision Plan - 100, out-of-network reimbursements are limited to \$30 for exam with dilation; \$65 for frames; \$25-\$55 for standard plastic lenses and \$104-\$210 for contact lenses, as set forth in the plan booklet. For the Vision Plan - 200, out-of-network reimbursements are limited to \$30 for exam with dilation; \$100 for frames; \$25-\$55 for standard plastic lenses and \$104-\$210 for contact lenses, as set forth in the plan booklet. Please see the appropriate plan booklet for specific information on out-of-network benefits.

#### Can I enroll in a vision plan without buying dental coverage?

Both oral health and eye health are essential to overall health. DeltaVision is an optional add-on to your dental policy and cannot be purchased separately.

#### Where do I get more information?

To learn more about plan specifics or to enroll, call 800.894.2701 or visit [smilepoweraz.com](http://smilepoweraz.com).

### WORKING WITH A BROKER? KEEP THEIR CONTACT INFO HANDY!

Broker Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

<sup>1</sup>For full coverage specifics, including frequencies, exclusions and limitations, refer to the vision plan booklet.

<sup>2</sup>Out-of-network coverage may be available for some vision care services. See plan booklet for more info.

<sup>3</sup>EyeMed internal data, December 2022

<sup>4</sup>Rates listed on this document are valid for effective dates of 10/1/2023 and later. Rates are subject to change and vary by plan. Confirm rates for your desired start date at [smilepoweraz.com](http://smilepoweraz.com).

<sup>5</sup>Primary subscriber must be 18+ to enroll an eligible dependent via the Free Until Three™ feature. See plan booklet for more info.