

# DeltaVision® 130

DeltaVision plans are superior for a reason

## DeltaVision is a smart, affordable way to keep an eye on your vision — and on your health.

It is estimated that more than half of all Americans need vision correction.<sup>A</sup> Without corrective eyewear, they cannot see life to the fullest. Your DeltaVision benefits make it easier to afford regular eye exams as well as prescribed vision correction.

Regular eye exams can also help identify early signs of some systemic diseases and health conditions including:

- Diabetes
- Glaucoma
- Hypertension
- Macular degeneration

It's important to take charge of your health. When you get your eyes checked every year, you are helping your eyes — and your whole body — stay well.



Through our partnership with Superior Vision, DeltaVision members have access to a nationwide network of easy-to-find eye care providers.



### More Eye Care Providers

More than 60,000 eye care providers nationwide. To find an eye care provider in the Superior National Network, visit [deltadental.com](http://deltadental.com).



### More Options

Members can get eye exams at one place and buy eyewear at another for greater selection.



### More Freedom

There are no restrictions on eyeglass frames or contact lenses. Members can apply their allowance toward any brand or lens type.

**In-network national optical retailers include but are not limited to**



JCPenney | optical

**Plus online in-network options**

1800contacts®

GLASSES.com

contactsdirect

beftting

Below is a summary of your **DeltaVision 130** benefits.

BENEFIT FREQUENCY		
Eye Exam	Every 12 months	
Lenses	Every 12 months	
Frames	Every 24 months	
Contact Lens Fitting Exam	Every 12 months	
Contact Lenses	Every 12 months	
IN-NETWORK COPAYMENTS		
Eye Exam	\$10	
Frames and/or Lenses <sup>1</sup> (no copay for contacts)	\$25	
Contact Lens Fitting Exam <sup>3</sup>	\$25	
	IN-NETWORK BENEFITS	OUT-OF-NETWORK REIMBURSEMENTS
Eye Exam (subject to copay)	Covered in full	\$36
<b>Standard Lenses (per pair - subject to copay)</b>		
Single Vision	Covered in full	\$28
Bifocal	Covered in full	\$42
Trifocal	Covered in full	\$56
Lenticular	Covered in full	\$78
Progressive Lens Upgrade (subject to copay)	See description <sup>2</sup>	\$56
Lens Options (Polycarbonate for children and scratch coating)	Covered in full	\$0
Frames (subject to copay)	\$130 retail allowance	\$61
<b>Contact Lens Fitting (CLF) Exam (subject to copay)</b>		
Standard CLF Exam	Covered in full	\$0
Specialty CLF Exam	\$50 retail allowance	\$0
<b>Contact Lenses<sup>4</sup></b>		
Elective (Conventional or Disposable)	\$130 retail allowance	\$100
Medically Necessary <sup>5</sup>	Covered in full	\$210

A The State of the Optometric Profession: 2013, page 9.  
[https://www.aoa.org/Documents/news/state\\_of\\_optometry.pdf](https://www.aoa.org/Documents/news/state_of_optometry.pdf)

- 1 Copay applies one time to eyeglass frame and/or lenses.
- 2 Covered to provider's in-office standard retail lined trifocal amount; member pays difference between progressive and standard retail lined trifocal, plus applicable copay, less any applicable discounts.
- 3 A Contact Lens Fitting Exam has its own copay and is separate from the eye exam copay. Standard Contact Lens Fitting Exam applies to a current contact lens user who wears disposable, daily wear, or extended wear lenses only. Specialty Contact Lens Fitting Exam applies to new contact wearers and/or a participant, who wears toric, gas permeable, or multi-focal lenses.
- 4 Contact lenses are in lieu of eyeglass frame and lenses benefit.

DISCOUNTS <sup>6</sup>	
<b>Insured Materials</b>	
Frames	20% off amount over allowance
Lens Options ( UV coat, tint, etc.)	20% off retail or out-of-pocket maximums <sup>7</sup>
Progressives	20% off amount over retail lined trifocal lenses <sup>8</sup>
<b>Additional Services</b>	
Exams, Frames & Prescription Lenses	30% off retail
Lens Options & Contacts	20% off retail
Disposable Contacts	10% off retail
Refractive Surgery (LASIK)	15% – 50% off retail

MONTHLY RATES (50% Employer Contribution   Employee Paid)	
Employee Only	\$7.05   \$8.01
Employee & Spouse	\$14.15   \$15.96
Employee & Child(ren)	\$15.47   \$17.15
Family	\$22.38   \$25.05

The rates quoted above are valid through December 31, 2022 and for new clients with 51 - 500 eligible employees. Clients with over 500 eligible employees should contact a Delta Dental Sales Representative for a custom quote. To receive contributory rates, clients must contribute 50% to the monthly rates with a minimum of 50% of eligible employees enrolled. To receive employee paid rates, at least 10 eligible employees must be enrolled.

- 5 Medically necessary contact lenses are those prescribed for extreme visual acuity or other functional problems not treatable by eyeglass lenses. Prior authorization required.
- 6 The Plan discount features are not insurance. All allowances are retail; the member is responsible for paying the provider directly for all non-covered items and/or any amount over the allowances, minus available discounts. Discounts are subject to change without notice and do not apply if prohibited by the manufacturer. Discounts may vary by provider and location. Members should confirm a provider participates in offering discounts before receiving services, as not all providers offer discounts.
- 7 Out-of-pocket maximums apply to certain standard options on standard plastic single vision lenses and standard lined bifocal and trifocal lenses.
- 8 Discount over retail lined trifocal lens, including lens options.



DeltaVision is a vision insurance product underwritten by Delta Dental Plan of Arkansas, Inc.  
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