## **DeltaVision® Plans**

Vision benefits for businesses with 2 - 500 employees Effective January 1, 2023

# Our clients know a good thing when they see it and they see clearly with DeltaVision.®

It's a big, bold, beautiful world out there. So much to try, so much to experience, so much to see. And nothing should get in the way. People have more to do and less time to do it. With the help of the EyeMed *Insight* Network, DeltaVision®

members have choices — lots of them. Be it an independent eye doctor, popular retailer or online option, with the *Insight* network, DeltaVision members get the latest in advanced vision technology to find even the slightest vision issue.

With almost 700 providers across more than 330 locations in Arkansas, members have the freedom to find one who fits their unique needs.<sup>1</sup>



#### **257 Independent Provider Locations**

The *Insight* Network makes it easy to find a trusted neighborhood eye doctor.



#### 79 Retail Provider Locations

With options including Walmart®, Sam's Club™, LensCrafters®, PearleVision®, Target Optical® and many other favorite regional retailers, members can pick the location and hours that work for them.



#### **Shop Online**

Staying in-network also means members can use their benefits online at: Lenscrafters.com, Targetoptical.com, Ray-ban.com, Glasses.com, and Contactsdirect.com



#### **More Freedom**

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

#### Extra Discounts = Extra Value

Exclusive special offers, directly from in-network providers and manufacturers, help members save even more on glasses, lenses, contacts and other materials.

- 40% off additional pairs of glasses
- 20% off any balance over the retail frame allowance
- 15% off LASIK or 5% off promotional pricing
- 20% off non-covered items like lens cleaner or non-prescription sunglasses
- Amplifon Hearing Discount Program is available for free to all DeltaVision members



	<b>DeltaVision 130</b> (130-101024CFL35)	<b>DeltaVision 150</b> (150-102024CFL35)	<b>DeltaVision 150</b> (150-101012CFL35)	DeltaVision 200 (200-102524CFL35)
BENEFIT FREQUENCY				
Eye Exam	Every 12 months	Every 12 months	Every 12 months	Every 12 months
Lenses (Standard Plastic or Progressive)	Every 12 months	Every 12 months	Every 12 months	Every 12 months
Frames	Every 24 months	Every 24 months	Every 12 months	Every 24 months
Contact Lens Fitting Exam	Every 12 months	Every 12 months	Every 12 months	Every 12 months
Contact Lenses	Every 12 months	Every 12 months	Every 12 months	Every 12 months
IN-NETWORK COPAYS				
Eye Exam	\$10	\$10	\$10	\$10
Lenses (no copay for contacts)	\$10	\$20	\$10	\$25
Contact Lens Fitting Exam	\$10	\$20	\$10	\$25
IN-NETWORK BENEFITS				
Eye Exam (subject to copay)	Covered in full			
Frames	\$130 retail allowance	\$150 retail allowance	\$150 retail allowance	\$200 retail allowance
Lenses & Coating (subject to copay)				
Standard Plastic (single vision, bifocal, trifocal, lenticular	Covered in full			
Standard Progressive	\$65 maximum out-of-pocket after lens copay			
Standard Polycarbonate (kids under age 19 only)	Covered in full			
Scratch Coating for Standard Plastic Lenses	Covered in full			
Lens Options	Options available at a fixed price include polycarbonate lenses for adults, UV treatment, tint (solid, gradient, & blue light), standard and premium anti-reflective, and photochromatic.			
Contact Lens Fitting (CLF) Exam (subject to	copay)			
Standard CLF Exam	Covered in full			
Premium CLF Exam	10% off the retail price plus a \$50 retail allowance			
Contact Lenses				
Conventional or Disposable	\$130 retail allowance	\$150 retail allowance	\$150 retail allowance	\$200 retail allowance
Medically Necessary	Covered in full			
MONTHLY RATES - Valid through Decemb	er 31, 2023 (Employer Co	ontribution   Employee P	aid)	
Employee Only	\$7.17   \$7.94	\$8.18   \$8.71	\$8.49   \$9.40	\$9.11   \$9.70
Employee & Spouse	\$14.38   \$15.09	\$14.76   \$16.55	\$15.84   \$17.86	\$16.44   \$18.43
Employee & Child(ren)	\$15.73   \$16.27	\$16.03   \$17.85	\$17.42   \$19.26	\$17.86   \$19.87
Family	\$22.75   \$23.20	\$22.16   \$25.44	\$24.36   \$27.45	\$24.68   \$28.33

The rates quoted above are for new group clients with 2 - 500 enrolled employees. To receive employer contribution rates, group clients must have 50% of eligible employees enrolled and have a minimum of 10 enrolled. To receive employee paid rates, at least 2 eligible employees must be enrolled.

### Contact your Delta Dental sales representative or account manager for more plan options.



DeltaVision is a vision insurance product underwritten by Delta Dental Plan of Arkansas, Inc., 1513 Country Club Road, Sherwood, AR 72120. ©2022 Delta Dental Plan of Arkansas, Inc.