



DeltaVision



Carroll County

130 130 Voluntary

Effective Date: 7/1/2017

Congratulations! You have the opportunity to enroll in a comprehensive yet affordable insured vision benefit program offered through DeltaVision®. According to Vision Watch, nearly 76% of U.S. adults 18 and older use some form of vision correction. Now you can take care of your vision needs with DeltaVision®. Below is a brief description of the benefits and rates. DeltaVision® is supported by an EyeMed Vision Care® network with over 88,000 providers at over 27,000 locations nationwide, including private practitioners and the most popular optical retail outlets LensCrafters®, Target Optical®, Sears Optical®, JCPenney® Optical and many Pearle Vision® locations.

DeltaVision Plan Summary

	Network Benefit	Non-Network Reimbursement
Exam every 12 months : Comprehensive with dilation as necessary	Member pays \$10; plan pays balance	\$35
Contact Lens Fit and Follow-up: Standard Lenses <small>Spherical clear contact lenses in conventional wear and planned replacement (Examples include but not limited to disposable, frequent replacement, etc.)</small>	Member pays up to \$55.00	None
Contact Lens Fit and Follow-up: Premium Lenses <small>Includes all lens designs, materials and specialty fittings other than Standard Contact Lenses (Examples include toric, multifocal, etc.)</small>	10% discount off retail	None
Frames every 24 months : Any available frame at provider location	\$130 allowance, then 20% off balance	\$65
Standard Plastic Lenses every 12 months Single vision / Bifocal / Trifocal	Member pays \$25, plan pays balance	\$25 / \$40 / \$55
Lens Options		
UV coating / Tint / Standard scratch resistance	Member pays \$15 each	None
Standard polycarbonate	Member pays \$40	None
Standard anti-reflective coating	Member pays \$45	None
Standard progressive (Add-on to Bifocal)	Member pays \$65	None
Other add-ons and services	20% off retail price	None
Contact Lenses every 12 months : <small>In lieu of spectacle lenses. Allowance covers materials only</small>		
Conventional	\$130 allowance, then 15% off balance	\$104
Disposable	\$130 allowance, member pays balance	\$104
Medically necessary	Paid in full	\$200
Laser Vision Correction - Lasik or PRK	15% off retail price or 5% off promotional price	None

Additional In-Network Discounts

- 20% discount on items not covered by the plan at network providers, which may not be combined with any other discounts or promotional offers, and the discount does not apply to EyeMed provider's professional services, or contact lenses. Retail prices may vary by location.
- Members also receive a 40% discount off complete prescription eyeglass purchases and a 15% discount off conventional contact lenses once the funded benefit has been used.
- After initial purchase, replacement contact lenses may be obtained via the Internet at substantial savings and mailed directly to the member. Details are available at www.eyemedvisioncare.com. The contact lens benefit allowance is not applicable to this service.
- Discounts do not apply for benefits provided by other group benefit plans.

This document is intended to be only a summary description of the program benefits. It is not intended to describe all terms, conditions and limitations of the coverage. Please refer to the Vision Plan Description (VPD) for the actual terms, conditions and limitations of the coverage summarized in this document.