

# 2022 Vision Plan Summary

Summary does not cover all plan details.  
Please refer to the Handbook.

<b>EyeMed Network</b>	Insight
<b>Frame/Contact Allowance</b>	\$150/\$150
<b>Copay (exams/standard plastic lenses)</b>	\$15/\$25
<b>Frequency (exams/lenses or contact/frames) Based on calendar year</b>	12 months (child - 6 months)/12 months/24 months (child - 12 months)
<b>Dependent Age Limit</b>	To age 26

Benefit Details	Network Benefit	Out-of-Network Reimbursement
<b>Exam with Dilation as Necessary</b>	Member pays \$15, plan pays balance	\$45
<b>Retinal Imaging</b>	Member pays up to \$39	N/A
<b>Standard Contact Lens* Fit and Follow-Up</b>	Member pays up to \$40	N/A
<b>Premium Contact Lens** Fit and Follow-Up</b>	10% discount off retail	N/A
<b>Frames (any available frame at provider location)</b>	\$150 allowance, then 20% off balance	\$70
<b>Laser Vision Correction (Lasik or PRK)</b>	15% off retail price or 5% off promotional price	N/A
<b>Plastic Lenses</b>		
Single Vision	Member pays \$25, plan pays balance	\$30
Bifocal	Member pays \$25, plan pays balance	\$50
Trifocal	Member pays \$25, plan pays balance	\$65
Standard Progressive	Member pays \$25	\$50
Premium Progressive	Member pays \$95-\$200	\$50
<b>Lens Options</b>		
UV Coating	Member pays \$0	\$9
Tint (solid and gradient)	Member pays \$15	N/A
Standard Scratch Resistance	Member pays \$0	\$9
Standard Polycarbonate	Member pays \$0 child/\$35 adult	N/A
Anti-Reflective Coating	Member pays \$45-\$85	N/A
Other Add-Ons and Services	20% off retail	N/A
<b>Contact Lenses - In lieu of glasses (Contact lens allowance covers materials only)</b>		
Conventional	\$150 allowance, then 15% off balance	\$105
Disposable	\$150 allowance	\$105
Medically Necessary***	Paid in full by plan	\$210

Monthly Premium	DeltaVision Plan	
	Active Employee	Retiree
<b>Individual</b>	\$5.72	\$5.72
<b>Individual + Spouse</b>	\$11.42	\$11.42
<b>Individual + Child(ren)</b>	\$12.88	\$11.42
<b>Family</b>	\$20.58	\$13.41

\*Lenses that are spherical power only, soft lens materials, including planned replacement and conventional lenses. Lenses are to be used in a daily wear (removed prior to sleep) mode only.

\*\*Includes all lens powers and designs other than spherical powers (i.e. toric, multifocal, etc.), modes of wear that are extended or overnight schedules, and rigid or gas-permeable materials.

\*\*\*Medically necessary contacts require authorization from a vision doctor when some conditions are present. Please contact the plan for more information.

Supplemental Vision plans are available for State employees, State and Local retirees; and Local employees if their employer chooses to provide them.

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