

VISION COVERAGE



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Under the vision plan, you are covered for an annual eye exam and may purchase your eyeglasses and contacts from an eye care provider of your choice. When you use a Delta Vision network provider, you receive the highest level of plan benefits and have the lowest out-of-pocket costs.

Vision Care Services	In-Network	Out-of-Network Reimbursement
Routine Annual Eye Exam	\$10 Copay	Up to \$35
Frames	\$200 allowance	Up to \$100
Lenses		
Single Vision	\$25 copay, then covered in full	Up to \$25
Bifocal	\$25 copay, then covered in full	Up to \$40
Trifocals	\$25 copay, then covered in full	Up to \$55
Lenticular	\$25 copay, then covered in full	Up to \$80
Standard Progressives	\$75 copay, then covered in full	Up to \$40
Other Lens Type	80% of Charge	N/A
Contact Lenses		
Elective	\$200 allowance	Up to \$160
Medically Necessary	Covered in full	Up to \$200
Frequency Guidelines		
Exams	Once every calendar year	
Frames	Once every calendar year	
Lenses or Contact Lenses	Once every calendar year	

For additional information, visit www.deltadentalia.com.