

2022 Vision Plan Summary

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

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

Benefit Details	Network Benefit	Out-of-Network Reimbursement
Exam with Dilation as Necessary	Member pays \$15, plan pays balance	\$45
Retinal Imaging	Member pays up to \$39	N/A
Standard Contact Lens* Fit and Follow-Up	Member pays up to \$40	N/A
Premium Contact Lens** Fit and Follow-Up	10% discount off retail	N/A
Frames (any available frame at provider location)	\$150 allowance, then 20% off balance	\$70
Laser Vision Correction (Lasik or PRK)	15% off retail price or 5% off promotional price	N/A
Plastic Lenses		
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
Lens Options		
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
Contact Lenses - In lieu of glasses (Contact lens allowance covers materials only)		
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
Individual	\$5.72	\$5.72
Individual + Spouse	\$11.42	\$11.42
Individual + Child(ren)	\$12.88	\$11.42
Family	\$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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