



## Vision Plan and Rates Effective January 1, 2019

Vision Plan	Delta Vision <i>EyeMed Network</i>	
<b>Service Frequency</b>		
Exams/ Lenses/ Frames	12/12/24	
<b>Plan Options</b>		
Contribution	Voluntary biweekly	
Exam Co-pay	\$10	
<b>Benefits</b>	<b>In Network</b>	<b>Out of Network</b>
<b>Eye Examination</b>		
Exam	100%	Up to \$35
<b>Lenses</b>		
Single Vision	\$25 Copay	Up to \$25
Bifocal	\$25 Copay	Up to \$40
Trifocal	\$25 Copay	Up to \$55
Standard Progressive	\$90 Copay	N/A
<b>Frames</b>		
Retail Frame Allowance	Up to \$150	Up to \$75
Discount on Frame Overage at participating providers.	20%	N/A
<b>Contact Lenses (in lieu of glasses)</b>		
Conventional contacts	Up to \$150	Up to \$120
Disposable contacts	Up to \$150	Up to \$120
Medically Necessary	100%	Up to \$200
<b>Lens Options</b>		
UV Coating, Tint, Scratch Resistance, and Anti-Reflective	See plan summary for detail	
<b>Plan Option</b>	<b>Per Payroll Deduction</b>	
Employee	\$2.78	
Employee + One (1)	\$5.29	
Employee + Family	\$8.30	