

2020 DeltaVision Full Benefit Plans

DeltaVision®

	ER PAID \$150 PLAN		ER PAID \$130 PLAN		VOLUNTARY \$150		VOLUNTARY \$130	
Frame Allowance (Materials)	\$150		\$130		\$150		\$130	
Contact Lenses Allowance (Materials)	\$150		\$130		\$150		\$130	
Copay Amount Exam and Lenses	\$20/\$20		\$20/\$20		\$20/\$20		\$20/\$20	
	Network Benefit	Non-Network	Network Benefit	Non-Network	Network Benefit	Non-Network	Network Benefit	Non-Network
Exam with Dilatation as Necessary	Member pays \$20, plan pays balance	\$35	Member pays \$20, plan pays balance	\$35	Member pays \$20, plan pays balance	\$35	Member pays \$20, plan pays balance	\$35
Contact Lens Fit and Follow-up								
Standard - Includes spherical clear contact lenses in conventional wear and planned replacement (Examples include but not limited to disposable, frequent replacement, etc.)	Member pays up to \$55.00	None	Member pays up to \$55.00	None	Member pays up to \$55.00	None	Member pays up to \$55.00	None
Premium - Includes all lens designs, materials and specialty fittings other than Standard Contact Lenses (Examples include toric, multifocal, etc.)	10% discount off retail	None	10% discount off retail	None	10% discount off retail	None	10% discount off retail	None
Frames Any available frame at provider location	\$150 Allowance, then 20% off balance	\$75	\$130 Allowance, then 20% off balance	\$65	\$150 Allowance, then 20% off balance	\$75	\$130 Allowance, then 20% off balance	\$65
Standard Plastic Lenses								
Single vision / Bifocal / Trifocal	Member pays \$20, plan pays balance	\$25/\$40/\$55	Member pays \$20, plan pays balance	\$25/\$40/\$55	Member pays \$20, plan pays balance	\$25/\$40/\$55	Member pays \$20, plan pays balance	\$25/\$40/\$55
Lens Options								
UV coating / Tint / Standard scratch resistance	Member co-pay \$15 each	None	Member co-pay \$15 each	None	Member co-pay \$15 each	None	Member co-pay \$15 each	None
Standard polycarbonate	Member co-pay \$40	None	Member co-pay \$40	None	Member co-pay \$40	None	Member co-pay \$40	None
Standard anti-reflective coating	Member co-pay \$45	None	Member co-pay \$45	None	Member co-pay \$45	None	Member co-pay \$45	None
Standard progressive	Member co-pay \$85	None	Member co-pay \$85	None	Member co-pay \$85	None	Member co-pay \$85	None
Premium progressive	\$85 co-pay, 80% of charge less than \$120 allowance	None	\$85 co-pay, 80% of charge less than \$120 allowance	None	\$85 co-pay, 80% of charge less than \$120 allowance	None	\$85 co-pay, 80% of charge less than \$120 allowance	None
Other add-ons and services	20% off retail price	None	20% off retail price	None	20% off retail price	None	20% off retail price	None
Contact Lenses - Contact lens allowance covers materials only								
Conventional	\$150 allowance, then 15% off balance	\$120	\$130 allowance, then 15% off balance	\$104	\$150 allowance, then 15% off balance	\$120	\$130 allowance, then 15% off balance	\$104
Disposable	\$150 allowance, member pays balance	\$120	\$130 allowance, member pays balance	\$104	\$150 allowance, member pays balance	\$120	\$130 allowance, member pays balance	\$104
Medically necessary	Paid In Full	\$200	Paid In Full	\$200	Paid In Full	\$200	Paid In Full	\$200
Laser Vision Correction - Lasik or PRK	15% off retail price or 5% off promotional price	None	15% off retail price or 5% off promotional price	None	15% off retail price or 5% off promotional price	None	15% off retail price or 5% off promotional price	None
Frequency - Exams/Lenses or Contact Lenses/Frames	12 / 12 / 24 Months		12 / 12 / 24 Months		12 / 12 / 24 Months		12 / 12 / 24 Months	
MONTHLY RATES:	100% Participation		100% Participation		2 or more Enrolled		2 or more Enrolled	
EMPLOYEE	\$4.81		\$3.72		\$6.69		\$5.76	
EMPLOYEE + SPOUSE	\$9.40		\$7.27		\$13.08		\$11.25	
EMPLOYEE + CHILD(REN)	\$9.12		\$7.05		\$12.68		\$10.90	
FAMILY	\$14.24		\$11.02		\$19.81		\$17.05	

- > Rates DO NOT include MMTA EBP Monthly Admin Fee If Applicable \$1.20/Single-\$2.40/Family
- > Members receive a 20% discount on items not covered by the plan at network providers, which may not be combined with any other discounts or promotional offers. The discount does not apply to EyeMed provider's professional services or to contact lenses. Retail prices may vary by location.
- > Members also receive a 40% discount off complete 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.

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2020 DeltaVision Hardware Only Benefit Plans

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	ER PAID \$150 PLAN		ER PAID \$130 PLAN		VOLUNTARY \$150		VOLUNTARY \$130	
Frame Allowance (Materials)	\$150		\$130		\$150		\$130	
Contact Lenses Allowance (Materials)	\$150		\$130		\$150		\$130	
Copay Amount Lenses	\$20/\$20		\$20/\$20		\$20/\$20		\$20/\$20	
	Network Benefit	Non-Network	Network Benefit	Non-Network	Network Benefit	Non-Network	Network Benefit	Non-Network
Frames <i>Any available frame at provider location</i>	\$150 Allowance, then 20% off balance	\$75	\$130 Allowance, then 20% off balance	\$65	\$150 Allowance, then 20% off balance	\$75	\$130 Allowance, then 20% off balance	\$65
Standard Plastic Lenses								
Single vision / Bifocal / Trifocal	Member pays \$20, plan pays balance	\$25/\$40/\$55	Member pays \$20, plan pays balance	\$25/\$40/\$55	Member pays \$20, plan pays balance	\$25/\$40/\$55	Member pays \$20, plan pays balance	\$25/\$40/\$55
Lens Options								
UV coating / Tint / Standard scratch resistance	Member co-pay \$15 each	None	Member co-pay \$15 each	None	Member co-pay \$15 each	None	Member co-pay \$15 each	None
Standard polycarbonate	Member co-pay \$40	None	Member co-pay \$40	None	Member co-pay \$40	None	Member co-pay \$40	None
Standard anti-reflective coating	Member co-pay \$45	None	Member co-pay \$45	None	Member co-pay \$45	None	Member co-pay \$45	None
Standard progressive	Member co-pay \$85	None	Member co-pay \$85	None	Member co-pay \$85	None	Member co-pay \$85	None
Premium progressive	\$85 co-pay, 80% of charge less than \$120 allowance	None	\$85 co-pay, 80% of charge less than \$120 allowance	None	\$85 co-pay, 80% of charge less than \$120 allowance	None	\$85 co-pay, 80% of charge less than \$120 allowance	None
Other add-ons and services	20% off retail price	None	20% off retail price	None	20% off retail price	None	20% off retail price	None
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Conventional	\$150 allowance, then 15% off balance	\$120	\$130 allowance, then 15% off balance	\$104	\$150 allowance, then 15% off balance	\$120	\$130 allowance, then 15% off balance	\$104
Disposable	\$150 allowance, member pays balance	\$120	\$130 allowance, member pays balance	\$104	\$150 allowance, member pays balance	\$120	\$130 allowance, member pays balance	\$104
Medically necessary	Paid In Full	\$200	Paid In Full	\$200	Paid In Full	\$200	Paid In Full	\$200
Laser Vision Correction - Lasik or PRK	15% off retail price or 5% off promotional price	None	15% off retail price or 5% off promotional price	None	15% off retail price or 5% off promotional price	None	15% off retail price or 5% off promotional price	None
Frequency - Exams/Lenses or Contact Lenses/Frames	12 / 24 Months		12 / 24 Months		12 / 24 Months		12 / 24 Months	
MONTHLY RATES:	100% Participation		100% Participation		2 or more Enrolled		2 or more Enrolled	
EMPLOYEE	\$4.27		\$3.11		\$5.45		\$4.50	
EMPLOYEE + ONE	\$7.32		\$5.34		\$9.36		\$7.72	
FAMILY	\$13.10		\$9.55		\$16.74		\$13.82	

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