

# 2025 DeltaVision HARDWARE ONLY Benefit Plans

## Employer Paid Rates

	ER PAID \$180 PLAN		ER PAID \$150 PLAN		ER PAID \$130 PLAN	
	Network Benefit	Non-Network	Network Benefit	Non-Network	Network Benefit	Non-Network
<b>Frame Allowance (Materials)</b>	\$180		\$150		\$130	
<b>Contact Lenses Allowance (Materials)</b>	\$180		\$150		\$130	
<b>Copay Amount Lenses</b>	\$20/\$20		\$20/\$20		\$20/\$20	
<b>Frames -- Any available frame at provider location.</b>						
<b>Standard Plastic Lenses</b>						
Single vision / Bifocal / Trifocal	\$180 Allowance, then 20% off balance	\$90	\$150 Allowance, then 20% off balance	\$75	\$130 Allowance, then 20% off balance	\$65
<b>Lens Options</b>						
UV coating / Tint / Standard scratch resistance	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
Standard polycarbonate	Member co-pay \$15 each	None	Member co-pay \$15 each	None	Member co-pay \$15 each	None
Standard anti-reflective coating	Member co-pay \$40	None	Member co-pay \$40	None	Member co-pay \$40	None
Standard progressive	Member co-pay \$45	None	Member co-pay \$45	None	Member co-pay \$45	None
Premium progressive	Member co-pay \$85	None	Member co-pay \$85	None	Member co-pay \$85	None
Other add-ons and services	\$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
<b>Contact Lenses</b>						
<i>Contact lens allowance covers materials only.</i>						
Conventional	20% off retail price	None	20% off retail price	None	20% off retail price	None
Disposable	\$180 allowance, then 15% off balance	\$144	\$150 allowance, then 15% off balance	\$120	\$130 allowance, then 15% off balance	\$104
Medically necessary	\$180 allowance, member pays balance	\$144	\$150 allowance, member pays balance	\$120	\$130 allowance, member pays balance	\$104
<b>Laser Vision Correction - Lasik or PRK</b>	Paid In Full	\$200	Paid In Full	\$200	Paid In Full	\$200
<b>Frequency - Exams / Lenses or Contact Lenses / Frames</b>	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
<b>MONTHLY RATES:</b>	12 / 24 Months		12 / 24 Months		12 / 24 Months	
<b>EMPLOYEE</b>	<b>100% Participation</b>		<b>100% Participation</b>		<b>100% Participation</b>	
<b>EMPLOYEE + SPOUSE</b>	\$4.04		\$3.52		\$2.57	
<b>EMPLOYEE &amp; (CHILD)REN</b>	\$7.89		\$6.87		\$5.01	
<b>FAMILY</b>	\$7.65		\$6.66		\$4.85	
	\$11.95		\$10.40		\$7.57	

>Rates DO NOT include MMTA EBT Monthly Admin Fee If Applicable \$1.20/Single-\$2.40/Family

>If an employee is NOT enrolled in a MMTA Dental Plan, the employee will be charged the monthly Admin Fee when enrolling in the Vision Plan.

>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.

# 2025 DeltaVision HARDWARE ONLY Benefit Plans

## Voluntary Rates

	VOLUNTARY \$180		VOLUNTARY \$150		VOLUNTARY \$130	
	Network Benefit	Non-Network	Network Benefit	Non-Network	Network Benefit	Non-Network
<b>Frame Allowance (Materials)</b>	\$180		\$150		\$130	
<b>Contact Lenses Allowance (Materials)</b>	\$180		\$150		\$130	
<b>Copay Amount Lenses</b>	\$20/\$20		\$20/\$20		\$20/\$20	
<b>Frames -- Any available frame at provider location.</b>	<b>\$180 Allowance, then 20% off balance</b>	\$90	<b>\$150 Allowance, then 20% off balance</b>	\$75	<b>\$130 Allowance, then 20% off balance</b>	\$65
<b>Standard Plastic Lenses</b>	<b>Member pays \$20, plan pays balance</b>	\$25/\$40/\$55	<b>Member pays \$20, plan pays balance</b>	\$25/\$40/\$55	<b>Member pays \$20, plan pays balance</b>	\$25/\$40/\$55
<b>Lens Options</b>						
UV coating / Tint / Standard scratch resistance	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
Standard anti-reflective coating	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
Premium progressive	<b>\$85 co-pay, 80% of charge less than \$120 allowance</b>	None	<b>\$85 co-pay, 80% of charge less than \$120 allowance</b>	None	<b>\$85 co-pay, 80% of charge less than \$120 allowance</b>	None
Other add-ons and services	<b>20% off retail price</b>	None	<b>20% off retail price</b>	None	<b>20% off retail price</b>	None
<b>Contact Lenses</b>						
<i>Contact lens allowance covers materials only.</i>						
Conventional	<b>\$180 allowance, then 15% off balance</b>	\$144	<b>\$150 allowance, then 15% off balance</b>	\$120	<b>\$130 allowance, then 15% off balance</b>	\$104
Disposable	<b>\$180 allowance, member pays balance</b>	\$144	<b>\$150 allowance, member pays balance</b>	\$120	<b>\$130 allowance, member pays balance</b>	\$104
Medically necessary	<b>Paid In Full</b>	\$200	<b>Paid In Full</b>	\$200	<b>Paid In Full</b>	\$200
<b>Laser Vision Correction - Lasik or PRK</b>	<b>15% off retail price or 5% off promotional price</b>	None	<b>15% off retail price or 5% off promotional price</b>	None	<b>15% off retail price or 5% off promotional price</b>	None
<b>Frequency - Exams / Lenses or Contact Lenses / Frames</b>	12 / 24 Months		12 / 24 Months		12 / 24 Months	
<b>MONTHLY RATES:</b>	<b>2 or more Enrolled</b>		<b>2 or more Enrolled</b>		<b>2 or more Enrolled</b>	
EMPLOYEE	\$5.18		\$4.50		\$3.71	
EMPLOYEE + SPOUSE	\$10.11		\$8.77		\$7.24	
EMPLOYEE & (CHILD)REN	\$9.79		\$8.52		\$7.02	
FAMILY	\$15.29		\$13.29		\$10.97	

>Rates DO NOT include MMTA EBT Monthly Admin Fee If Applicable \$1.20/Single-\$2.40/Family

>If an employee is NOT enrolled in a MMTA Dental Plan, the employee will be charged the monthly Admin Fee when enrolling in the Vision Plan.

>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](http://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.