

# 2026 DeltaVision FULL Benefits Plans

## Employer Paid Rates

|                                                                                                                                                                                                                                                                                                                                                                            | ER PAID \$180 PLAN                    |             | ER PAID \$150 PLAN                                   |                | ER PAID \$130 PLAN                                   |                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-------------|------------------------------------------------------|----------------|------------------------------------------------------|----------------|
| Frame Allowance (Materials)                                                                                                                                                                                                                                                                                                                                                | \$180                                 |             | \$150                                                |                | \$130                                                |                |
| Contact Lenses Allowance (Materials)                                                                                                                                                                                                                                                                                                                                       | \$180                                 |             | \$150                                                |                | \$130                                                |                |
| Copay Amount Exam and Lenses                                                                                                                                                                                                                                                                                                                                               | \$20/\$20                             |             | \$20/\$20                                            |                | \$20/\$20                                            |                |
|                                                                                                                                                                                                                                                                                                                                                                            | Network Benefit                       | Non-Network | Network Benefit                                      | Non-Network    | Network Benefit                                      | Non-Network    |
| Exam with Dilation as Necessary                                                                                                                                                                                                                                                                                                                                            | Member pays \$20, plan pays balance   | \$35        | Member pays \$20, plan pays balance                  | \$35           | Member pays \$20, plan pays balance                  | \$35           |
| <b>Contact Lens Fit and Follow-up</b><br><i>Standard - Includes spherical clear contact lenses in conventional wear and planned replacement (Examples include but not limited to disposable, frequent replacement, Premium - Includes all lens designs, materials and specialty fittings other than Standard Contact Lenses (Examples include toric, multifocal, etc.)</i> | Member pays up to \$55.00             | None        | Member pays up to \$55.00                            | None           | Member pays up to \$55.00                            | None           |
| 10% discount off retail                                                                                                                                                                                                                                                                                                                                                    | None                                  | None        | 10% discount off retail                              | None           | 10% discount off retail                              | None           |
| <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           |
| 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 co-pay \$15 each                                                                                                                                                                                                                                                                                                                                                    | None                                  |             | Member co-pay \$15 each                              | None           | Member co-pay \$15 each                              | None           |
| Member co-pay \$40                                                                                                                                                                                                                                                                                                                                                         | None                                  |             | Member co-pay \$40                                   | None           | Member co-pay \$40                                   | None           |
| Member co-pay \$45                                                                                                                                                                                                                                                                                                                                                         | None                                  |             | Member co-pay \$45                                   | None           | Member co-pay \$45                                   | None           |
| Member co-pay \$85                                                                                                                                                                                                                                                                                                                                                         | None                                  |             | Member co-pay \$85                                   | None           | Member co-pay \$85                                   | 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           |
| 20% off retail price                                                                                                                                                                                                                                                                                                                                                       | None                                  |             | 20% off retail price                                 | None           | 20% off retail price                                 | None           |
| <b>Contact Lenses</b><br><i>Contact lens allowance covers materials only.</i>                                                                                                                                                                                                                                                                                              |                                       |             |                                                      |                |                                                      |                |
| Conventional                                                                                                                                                                                                                                                                                                                                                               | \$180 allowance, then 15% off balance | \$144       | \$150 allowance, then 15% off balance                | \$120          | \$130 allowance, then 15% off balance                | \$104          |
| Disposable                                                                                                                                                                                                                                                                                                                                                                 | \$180 allowance, member pays balance  | \$144       | \$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          |
| 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                                  |                |
| <b>MONTHLY RATES:</b>                                                                                                                                                                                                                                                                                                                                                      | <b>100% Participation</b>             |             | <b>100% Participation</b>                            |                | <b>100% Participation</b>                            |                |
| EMPLOYEE                                                                                                                                                                                                                                                                                                                                                                   | \$4.49                                |             | \$3.97                                               |                | \$3.07                                               |                |
| EMPLOYEE + SPOUSE                                                                                                                                                                                                                                                                                                                                                          | \$8.76                                |             | \$7.75                                               |                | \$5.99                                               |                |
| EMPLOYEE + CHILD(REN)                                                                                                                                                                                                                                                                                                                                                      | \$8.48                                |             | \$7.52                                               |                | \$5.81                                               |                |
| FAMILY                                                                                                                                                                                                                                                                                                                                                                     | \$13.26                               |             | \$11.74                                              |                | \$9.09                                               |                |

### Additional in-network discounts

>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.

# 2026 DeltaVision FULL Benefits Plans

## Voluntary Rates

|                                                                                                                                                                                                                                                                                                                                               | VOLUNTARY \$180                                      |                | VOLUNTARY \$150                                      |                | VOLUNTARY \$130                                      |                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|----------------|------------------------------------------------------|----------------|------------------------------------------------------|----------------|
| Frame Allowance (Materials)                                                                                                                                                                                                                                                                                                                   | \$180                                                |                | \$150                                                |                | \$130                                                |                |
| Contact Lenses Allowance (Materials)                                                                                                                                                                                                                                                                                                          | \$180                                                |                | \$150                                                |                | \$130                                                |                |
| Copay Amount Exam and Lenses                                                                                                                                                                                                                                                                                                                  | \$20/\$20                                            |                | \$20/\$20                                            |                | \$20/\$20                                            |                |
|                                                                                                                                                                                                                                                                                                                                               | Network Benefit                                      | Non-Network    | Network Benefit                                      | Non-Network    | Network Benefit                                      | Non-Network    |
| Exam with Dilation as Necessary                                                                                                                                                                                                                                                                                                               | 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<br><i>Standard - Includes spherical clear contact lenses in conventional wear and planned replacement (Examples include but not limited to disposable, Premium - Includes all lens designs, materials and specialty fittings other than Standard Contact Lenses (Examples include toric, multifocal, etc.)</i> | Member pays up to \$55.00                            | None           | Member pays up to \$55.00                            | None           | Member pays up to \$55.00                            | None           |
| 10% discount off retail                                                                                                                                                                                                                                                                                                                       | 10% discount off retail                              | None           | 10% discount off retail                              | None           | 10% discount off retail                              | None           |
| \$180 Allowance, then 20% off balance                                                                                                                                                                                                                                                                                                         | \$180 Allowance, then 20% off balance                | \$90           | \$150 Allowance, then 20% off balance                | \$75           | \$130 Allowance, then 20% off balance                | \$65           |
| Standard Plastic Lenses                                                                                                                                                                                                                                                                                                                       | 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 |
| Single vision / Bifocal / Trifocal                                                                                                                                                                                                                                                                                                            | Member co-pay \$15 each                              | None           | Member co-pay \$15 each                              | None           | Member co-pay \$15 each                              | None           |
| UV coating / Tint / Standard scratch resistance                                                                                                                                                                                                                                                                                               | Member co-pay \$40                                   | None           | Member co-pay \$40                                   | None           | Member co-pay \$40                                   | None           |
| Standard polycarbonate                                                                                                                                                                                                                                                                                                                        | Member co-pay \$45                                   | None           | Member co-pay \$45                                   | None           | Member co-pay \$45                                   | None           |
| Standard anti-reflective coating                                                                                                                                                                                                                                                                                                              | Member co-pay \$85                                   | None           | Member co-pay \$85                                   | None           | Member co-pay \$85                                   | None           |
| Standard 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           |
| Premium progressive                                                                                                                                                                                                                                                                                                                           | 20% off retail price                                 | None           | 20% off retail price                                 | None           | 20% off retail price                                 | None           |
| Other add-ons and services                                                                                                                                                                                                                                                                                                                    |                                                      |                |                                                      |                |                                                      |                |
| Contact Lenses<br><i>Contact lens allowance covers materials only.</i>                                                                                                                                                                                                                                                                        |                                                      |                |                                                      |                |                                                      |                |
| Conventional                                                                                                                                                                                                                                                                                                                                  | \$180 allowance, then 15% off balance                | \$144          | \$150 allowance, then 15% off balance                | \$120          | \$130 allowance, then 15% off balance                | \$104          |
| Disposable                                                                                                                                                                                                                                                                                                                                    | \$180 allowance, member pays balance                 | \$144          | \$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          |
| 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           |
| Frequency - Exams / Lenses or Contact Lenses / Frames                                                                                                                                                                                                                                                                                         | 12 / 12 / 24 Months                                  |                | 12 / 12 / 24 Months                                  |                | 12 / 12 / 24 Months                                  |                |
| MONTHLY RATES:                                                                                                                                                                                                                                                                                                                                | 2 or more Enrolled                                   |                | 2 or more Enrolled                                   |                | 2 or more Enrolled                                   |                |
| EMPLOYEE                                                                                                                                                                                                                                                                                                                                      | \$6.19                                               |                | \$5.52                                               |                | \$4.75                                               |                |
| EMPLOYEE + SPOUSE                                                                                                                                                                                                                                                                                                                             | \$12.09                                              |                | \$10.79                                              |                | \$9.27                                               |                |
| EMPLOYEE + CHILD(REN)                                                                                                                                                                                                                                                                                                                         | \$11.71                                              |                | \$10.46                                              |                | \$8.98                                               |                |
| FAMILY                                                                                                                                                                                                                                                                                                                                        | \$18.29                                              |                | \$16.34                                              |                | \$14.06                                              |                |

### Additional in-network discounts

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>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.

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>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.