

2026 DeltaVision HARDWARE ONLY Benefit Plans

Employer Paid Rates

ER PAID \$180 PLAN		ER PAID \$150 PLAN		ER PAID \$130 PLAN	
\$180		\$150		\$130	
\$180		\$150		\$130	
\$20/\$20		\$20/\$20		\$20/\$20	
Network Benefit	Non-Network	Network Benefit	Non-Network	Network Benefit	Non-Network
\$180 Allowance, then 20% off balance	\$90	\$150 Allowance, then 20% off balance	\$75	\$130 Allowance, then 20% off balance	\$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
\$180 allowance, then 15% off balance	\$144	\$150 allowance, then 15% off balance	\$120	\$130 allowance, then 15% off balance	\$104
\$180 allowance, member pays balance	\$144	\$150 allowance, member pays balance	\$120	\$130 allowance, member pays balance	\$104
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
12 / 24 Months		12 / 24 Months		12 / 24 Months	
100% Participation		100% Participation		100% Participation	
\$4.04		\$3.52		\$2.57	
\$7.89		\$6.87		\$5.01	
\$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.

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Voluntary Rates

	VOLUNTARY \$180		VOLUNTARY \$150		VOLUNTARY \$130	
Frame Allowance (Materials)	\$180		\$150		\$130	
Contact Lenses Allowance (Materials)	\$180		\$150		\$130	
Copay Amount Lenses	\$20/\$20		\$20/\$20		\$20/\$20	
	Network Benefit	Non-Network	Network Benefit	Non-Network	Network Benefit	Non-Network
Frames -- Any available frame at provider location.	\$180 Allowance, then 20% off balance	\$90	\$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
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
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	\$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
Contact Lenses						
<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 / 24 Months		12 / 24 Months		12 / 24 Months	
MONTHLY RATES:	2 or more Enrolled		2 or more Enrolled		2 or more Enrolled	
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	

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