

DeltaVision Edge Insight Vision Program

Vision Care Services	Insight Network In-Network Member Cost	Out-Of-Network
Exam with Dilation as Necessary:	\$10 Copay	\$35
Contact Lens Fit & Follow-up: (Available once a comprehensive eye exam has been completed)		
Standard*	Member pays up to \$55 for fit and two follow-up visits 10% off retail price	N/A
Premium**		N/A
Frames: (Any available frame at provider location)	\$130 allowance, 20% off balance over allowance	\$65
Standard Plastic Lenses:		
Single Vision	\$25 Copay	\$25
Bifocal	\$25 Copay	\$40
Trifocal	\$25 Copay	\$55
Lens Options:		
UV Coating	\$15	N/A
Tint (solid and gradient)	\$15	N/A
Standard Scratch-Resistant	\$15	N/A
Standard Polycarbonate	\$40	N/A
Standard Progressive (in addition to Bifocal copay)	\$65	\$40
Premium Progressive (in addition to Bifocal copay)	Tier 1 - \$110, Tier 2 - \$120, Tier 3 - \$135, Tier 4 - \$90, 80% of retail, less \$120 allowance	\$40
Standard Anti-Reflective Coating	\$45	N/A
Premium Reflective Coating	Tier 1 - \$57, Tier 2 - \$68, Tier 3 - 80% of charge	N/A
Photocromatic/Transition Plastic	\$75	N/A
Polarized	80% of charge	N/A
Other Add-Ons and Services	20% Discount off retail price	N/A
Contact Lenses: (Contact Lens allowance covers materials only)		
Conventional	\$0 Copay, \$130 allowance, 15% off balance over \$130	\$104
Disposable	\$0 Copay, \$130 allowance, plus balance over \$130	\$104
Visually Required	\$0 Copay, Paid-in-full	\$200
Frequency:		
Examination	Once every 12 months	
Lenses or Contact Lenses	Once every 12 months	
Frames	once every 24 months	

Rates:

Employee Only	\$6.84/Month	\$3.42/Bi-Monthly
Employee & Spouse	\$13.34/Month	\$6.67/Bi-Monthly
Employee & Children	\$14.92/Month	\$7.46/Bi-Monthly
Family	\$21.56/Month	\$10.78/Bi-Monthly