



**Insured Vision Financial Exhibit
IGHCP #33445 OPTION 2**

\$15 lens, \$150 allowance - FFU discount - Insight Network		
BENEFIT FREQUENCY		
Contact Lenses or Lens	Once every calendar year.	
Exam	Once every calendar year.	
Frame	Once every two calendar years.	
Vision Care Services	In-Network Member Cost	Out of Network
EXAM		
Exam	\$10 Copay	Up to \$35
Dilation	\$0	N/A
Eye Exam Refraction	\$0	N/A
LENS		
Single Vision	\$15 Copay	Up to \$25
Bi-focal	\$15 Copay	Up to \$40
Tri-focal	\$15 Copay	Up to \$55
Standard Progressive Lens	\$75 Copay	Up to \$40
Premium Progressive Lens	Premium Progressive as follows:	Up to \$40
- Tier 1	\$95	N/A
- Tier 2	\$105	N/A
- Tier 3	\$120	N/A
- Tier 4	80% of Balance less \$120, plus \$75 Copay	N/A
Lenticular	\$10 Copay	Up to \$55
Other Lens Type	80% of Charge	N/A
FRAME		
Frame	80% of Balance over \$150	Up to \$75
LENS OPTIONS:		
Standard Polycarbonate	\$40 Copay	N/A
Standard Plastic Scratch Coating	\$15 Copay	N/A
Tint (Solid and Gradient)	\$15 Copay	N/A
UV Treatment	\$15 Copay	N/A
Standard Anti-reflective Coating	\$45 Copay	N/A
Premium Anti-reflective (a/r) Coating	Premium Anti-Reflective Coating as follows:	N/A
- Tier 1	\$57	N/A
- Tier 2	\$68	N/A
- Tier 3	80% of Retail	N/A
Photochromatic/Transitions	\$75	N/A
Other Lens Options	80% of Charge	N/A
CONTACT LENSES		
Conventional Lens - Conventional	85% of Balance over \$150	Up to \$120
Contact Lens - Disposable	Balance over \$150	Up to \$120
Standard Fit And Follow Up Exam	\$40	N/A
Premium Fit And Follow Up Exam	10% off retail price	N/A
Medically Necessary	\$0	Up to \$200
NON-SCHEDULED ITEMS		
Doctor Misc. Materials	80% of Charge	N/A
LASIK or PRK Vision Correction		
	85% of Retail Price or 95% of Promotional Price	N/A
Insured Rates* (Monthly Premium)		Employer Contribution %
Single	\$5.40	
Family	\$13.88	

Rates Guaranteed From: 07/01/2024 through 06/30/2028

Signature _____

Date _____

Plan ID: CUSTOM

*Four-tier rates are not available to groups with less than ten eligible employees. This proposal assumes the use of electronic enrollment and plan documents, and monthly online billing. Participation must be at least 50% of eligible employees. DeltaVision reserves the right to re-rate this plan annually if the participation requirement is not met. Insured rates include 10% broker commission.

DeltaVision is underwritten by Veratus Benefit Solutions, Inc., a wholly-owned subsidiary of Delta Dental of Iowa, utilizing the EyeMed Vision Care Insight network. The information on this page summarizes your benefits and payment obligations. For a detailed description of specific benefits and benefit limitations, see the IMPORTANT INFORMATION and BENEFITS sections of your Certificate.