

Vision

To help keep life in focus, we offer eligible employees vison coverage through DeltaVision. You can enroll in vision coverage to save money on eligible vision care expenses such as eye exams, glasses, and contact lenses.

		In-Network	Out-of-Network (Allowance)
Exam	Copay	$10 Copay	Up to $35
	Frequency	Once per calendar year	
Lenses	Single Vision	$25 Copay	Up to $25
	Bifocal (Lined)	$25 Copay	Up to $40
	Trifocal (Lined)	$25 Copay	Up to $55
	Lenticular	$25 Copay	Up to $55
	Standard Progressive	$90 Copay	Up to $40
	Premium Progressive	Tiered: $110 / $120 / $135 Copay	Up to $40
	Tier 4 Premium Progressive	$90 Copay, plus 80% of charge less $120	Up to $40
	Other Lens Type	80% of charge	N/A
	Frequency	Once per calendar year	
Lens Options	Standard Polycarbonate	$40 Copay	N/A
	Standard Plastic Scratch Coating	$15 Copay	
	Tint (Solid and Gradient)	$15 Copay	
	UV Treatment	$15 Copay	
	Standard Anti-Reflective Coating	$45 Copay	
	Premium Anti-Reflective Coating	Tier 1 / 2: $57 / $68 Copay Tier 3: 80% of retail	
	Photochromatic / Transitions	$75 Copay	
	Other Lens Options	80% of charge	
	Frequency	Once per calendar year	
Frames	Copay	80% of balance over $150 allowance	Up to $75
	Frequency	Every other calendar year	
Contact lenses (instead of glasses)*	Copay	Conventional: 85% of balance over $150 Disposable: Balance over $150 Medically Necessary: $0	Up to $120 Up to $120 Up to $200
	Frequency	Once per calendar year	

Vision 2027 Monthly Deductions (before-tax)

	DeltaVision Plan
Employee Only	$7.28
Family	$18.64