

# Summary of Benefits

## DeltaVision® 150 Option 1

### DeltaVision is a smart, affordable way to keep an eye on your vision — and on your health.

It is estimated that more than half of all Americans need vision correction.<sup>A</sup> Without corrective eyewear, they cannot see life to the fullest. Your DeltaVision benefits make it easier to afford regular eye exams as well as prescribed vision correction.

Regular eye exams can also help identify early signs of some systemic diseases and health conditions including:

- Diabetes
- Glaucoma
- High blood pressure
- Macular degeneration

It's important to take charge of your health. When you get your eyes checked every year, you are helping your eyes — and your whole body — stay well.

## SUPERIOR VISION

Through our partnership with Superior Vision, DeltaVision members have access to a nationwide network of easy to find eye care providers.



### More Eye Care Providers

More than 60,000 eye care providers nationwide. To find an eye care provider in the Superior National Network, visit [deltadentalar.com](http://deltadentalar.com).



### More Options

Members can get eye exams at one place and buy eyewear at another for greater selection.



### More Freedom

There are no restrictions on eyeglass frames or contact lenses. Members are free to choose from any brand, lens type and price point.

### In-network national retailers include:



JCPenney | optical

### Plus online in-network options:

contactsdirect | ITTCO

Below is a summary of your **DeltaVision 150 Option 1** benefits.

BENEFIT FREQUENCY		
Eye Exam	Every 12 months	
Lenses	Every 12 months	
Frames	Every 24 months	
Contact Lens Fitting Exam	Every 12 months	
Contact Lenses	Every 12 months	
IN-NETWORK COPAYMENTS		
Eye Exam	\$10	
Frames and/or Lenses <sup>1</sup> (no copay for contacts)	\$25	
Contact Lens Fitting Exam <sup>3</sup>	\$25	
	IN-NETWORK BENEFITS	OUT-OF-NETWORK REIMBURSEMENTS
Eye Exam (subject to copay)	Covered in full	\$36
<b>Standard Lenses (per pair - subject to copay)</b>		
Single Vision	Covered in full	\$28
Bifocal	Covered in full	\$42
Trifocal	Covered in full	\$56
Lenticular	Covered in full	\$78
Progressive Lens Upgrade (subject to copay)	See description <sup>2</sup>	\$56
Frames (subject to copay)	\$150 retail allowance	\$70
<b>Contact Lens Fitting (CLF) Exam (subject to copay)</b>		
Standard CLF Exam	Covered in full	\$0
Specialty CLF Exam	\$50 retail allowance	\$0
<b>Contact Lenses<sup>4</sup></b>		
Elective (Conventional or Disposable)	\$150 retail allowance	\$100
Medically Necessary <sup>5</sup>	Covered in full	\$210

DISCOUNTS <sup>6</sup>	
<b>Insured Materials</b>	
Frames	20% off amount over allowance
Lens Options (scratch coat, UV coat, tint, etc.)	20% off retail (premium options) or out-of-pocket maximums <sup>7</sup> (standard options)
Progressives	20% off amount over retail lined trifocal lenses <sup>8</sup>
<b>Additional Services</b>	
Exams, Frames & Prescription Lenses	30% off retail
Lens Options & Contacts	20% off retail
Disposable Contacts	10% off retail
Refractive Surgery (LASIK)	15% – 50% off retail

### Customer Service

Starting January 1, 2017, when you have questions about your DeltaVision benefits, please contact Superior Vision Services at **(800) 507-3800**, Monday – Friday, 7 a.m. to 8 p.m. Central Time.

A The state of the optometric profession: 2013, page 9. [https://www.aoa.org/Documents/news/state\\_of\\_optometry.pdf](https://www.aoa.org/Documents/news/state_of_optometry.pdf)

- 1 Copay applies one time to eyeglass frame and/or lenses.
- 2 Covered to provider's in-office standard retail lined trifocal amount; member pays difference between progressive and standard retail lined trifocal, plus applicable copay, less any applicable discounts.
- 3 A Contact Lens Fitting exam has its own copay and is separate from the eye exam copay. Standard Contact Lens Fitting Exam applies to a current contact lens user who wears disposable, daily wear, or extended wear lenses only. Specialty Contact Lens Fitting Exam applies to new contact wearers and/or a participant, who wears toric, gas permeable, or multi-focal lenses.
- 4 Contact lenses are in lieu of eyeglass frame and lenses benefit.

- 5 Medically necessary contact lenses are those prescribed for extreme visual acuity or other functional problems not treatable by eyeglass lenses. Prior authorization required.
- 6 The Plan discount features are not insurance. All allowances are retail; the member is responsible for paying the provider directly for all non-covered items and/or any amount over the allowances, minus available discounts. Discounts are subject to change without notice and do not apply if prohibited by the manufacturer. Discounts may vary by provider and location. Members should confirm a provider participates in offering discounts before receiving services, as not all providers offer discounts.
- 7 Out-of-pocket maximums apply to certain standard options on standard plastic single vision lenses and standard bifocal and trifocal lenses.
- 8 Discount over retail lined trifocal lens, including lens options.



DeltaVision is a vision insurance product underwritten by Delta Dental Plan of Arkansas, Inc. 1513 Country Club Road, Sherwood, AR 72120. © 2016 Delta Dental Plan of Arkansas, Inc.