

Vision plan

Having vision coverage allows you to save money on eligible eye care expenses, such as periodic eye exams, eyeglasses, contact lenses, and more for yourself and your covered dependents.

Delta Vision	Eye Exam + Materials
Eye Exam (Includes Dilation and Refraction)	\$10 Copay
Materials (copay applies to frame or spectacle lens, if applicable)	\$10 Copay
Frame Allowance Up to 20% discount above frame allowance.	\$150 retail value
Lenses - Single, Bifocal, Trifocal, Lenticular	Covered in full after materials copay
Progressives Standard / Premium Tier 1, 2, 3	S - \$75; P - \$95 / \$105 / \$120
Other lens options	Up to 20% discount
Contact Lenses (in lieu of frame and spectacle lenses)	
Conventional / Disposable / Medically Necessary	\$150 allowance + 15% Discount / \$150 allowance / Covered in Full
Fit & Follow up (Standard / Premium)	Up to \$40 / 10% of retail price
Refractive Laser Surgery	15% discount of Retail Price or 5% discount of Promotional Price
Frequency	
Eye Examination	Once every 12 Calendar Year
Lenses or contact lenses	Once every 12 Calendar Year
Frame	Once every 24 Calendar Year

Plan	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
Monthly Premium	\$6.28	\$11.96	\$13.58	\$17.92



Lens Options	
Polycarbonate Standard	\$40 Copay
Standard Plastic Scratch Coating	\$15 Copay
Ultra-Violet Treatment	\$15 Copay
Solid or Gradient Tint	\$15 Copay
Standard Anti-Reflective Coating	\$45 Copay
Premium Anti-Reflective Coating – Tier 1, 2, 3	\$57, \$68, 20% discount
Photochromatic / Transitions	\$75
Other Lens Options	Up to 20% Discount