

Individual Vision Plan Options -- Advantage Network, Fixed Fee

Vision Care Services	Member Cost In-Network	Out-of-Network Allowance
Exam with Dilation as Necessary:	\$10 Copay	\$30
Frames: Any frame available at provider location	\$0 Copay; \$120 allowance, 20% off balance over \$120	\$60
Standard Plastic Lenses:		
Single Vision	\$10 Copay	\$25
Bifocal	\$10 Copay	\$40
Trifocal	\$10 Copay	\$55
Standard Progressive*	\$70 Copay	\$40
Premium Progressive*	\$70 Copay, 80 % of Charge, less \$110 Allowance	\$40
Lens Options:		
Standard Plastic Scratch Coating	\$0	\$5
Contact Lenses: (Discount applies to materials only)		
Conventional	\$0 Copay; \$80 allowance, 15% off balance over \$80	\$64
Disposable	\$0 Copay; \$80 allowance, plus balance over \$80	\$64
Medically Necessary	\$0 Copay, Paid-in-Full	\$200
Frequency: Examination, Frame, Lenses or Contact Lenses	Once every 12 months	
Monthly Premium Rates		
Individual	\$4.73	
Individual + One Dependent	\$9.46	
Individual + Two or more Dependents	\$20.27	

Rates valid for effective dates beginning on January 1, 2011

* Standard/Premium Progressive lenses not covered - fund as a Bifocal Lens. Please see Benefit Summary for limitations.

Additional Discounts:	In-Network Member Discount
Exam Options:	
Standard Contact Lens Fit and Follow-Up:	Up to: \$40
Premium Contact Lens Fit and Follow-Up:	10% off Retail
Lens Options:	
UV Treatment	\$12
Tint (Solid and Gradient)	\$12
Standard Polycarbonate	\$35
Standard Anti-Reflective Coating	\$40
Other Add-Ons and Services	30% off Retail Price

- Member receives a 30% discount on items not covered by the plan at network Providers, which cannot be combined with any other discounts or promotional offers. Discount does not apply to EyeMed provider's professional services, or contact lenses.
- Members also receive 15% off retail price or 5% off promotional price for Lasik or PRK from the US Laser Network, owned and operated by LCA Vision.
- Members also receive a 40% discount off complete pair eyeglass purchases and a 15% discount off conventional contact lenses once the funded benefit has been used.

NOTE: If you enroll by the 21st of the month, coverage will begin the 1st day of the following month.

DeltaVision® is offered through Canyon Insurance Services, Inc., a wholly owned subsidiary of Delta Dental of Arizona, in partnership with EyeMed Vision Care, LLC.

