



**Insured Vision Financial Exhibit - ALTERNATE  
AFSCME COUNCIL 61 - OPTION 2**

\$10 lens, \$150 allowance - FFU discount - Insight Network		
<b>BENEFIT FREQUENCY</b>		
Contact Lenses or Lens	Once every calendar year.	
Exam	Once every calendar year.	
Frame	Once every two calendar years.	
<b>Vision Care Services</b>	<b>In-Network Member Cost</b>	<b>Out of Network</b>
<b>EXAM</b>		
Exam	\$10 Copay	Up to \$35
Dilation	\$0	N/A
Eye Exam Refraction	\$0	N/A
<b>LENS</b>		
Single Vision	\$10 Copay	Up to \$25
Bi-focal	\$10 Copay	Up to \$40
Tri-focal	\$10 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
<b>FRAME</b>		
Frame	80% of Balance over \$150	Up to \$75
<b>LENS OPTIONS:</b>		
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
<b>CONTACT LENSES</b>		
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
<b>NON-SCHEDULED ITEMS</b>		
Doctor Misc. Materials	80% of Charge	N/A
<b>LASIK or PRK Vision Correction</b>		
	85% of Retail Price or 95% of Promotional Price	N/A
<b>Insured Rates* (Monthly Premium)</b>		<b>Employer Contribution %</b>
Single	\$9.62	
Employee / Spouse	\$18.30	
Employee / Child(ren)	\$20.76	
Family	\$27.44	

Signature \_\_\_\_\_

Date \_\_\_\_\_

Rates Guaranteed From: 02/01/2024 through 12/31/2027

Plan ID # 1023131 / Benefit Level: 104

\*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 20% of eligible employees Insured rates include 15% broker commission.

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