

## SELECT PLUS 125 PLAN

Coverage	In-Network	Out-of-Network Reimbursement Benefits <sup>1</sup>	Benefit Frequency
Comprehensive Eye Exam	<b>\$10</b> Co-pay	Reimbursed up to <b>\$40</b> (less applicable co-pay)	Once every <b>12</b> months
Eyeglass Lenses (CR-39 standard plastic)	<b>\$25</b> Co-pay includes: • Single • Bifocal • Trifocal • Lenticular	Reimbursed up to (less applicable co-pay): • Single - up to \$20 • Bifocal - up to \$40 • Trifocal - up to \$60 • Lenticular - up to \$100	Once every <b>12</b> months
	Polycarbonate lenses covered-in-full for members age 19 and younger; \$30 co-pay over the age of 19.	No Benefit Available	
	Additional \$50 co-pay standard progressive lenses	No Benefit Available	
	Additional \$60 co-pay photochromic lenses (like Transitions®)	No Benefit Available	
Eyeglass Frames	<b>\$25</b> Co-pay \$125 frame allowance, less applicable co-pay; Co-pay is waived if included with eyeglass lenses.	Reimbursed up to \$40 (less applicable co-pay)	Once every <b>24</b> months
Elective Contact Lenses (in lieu of eyeglasses and medically necessary contact lenses) <sup>2</sup>	<b>\$25</b> Co-pay \$125 allowance	Reimbursed up to \$60 (less applicable co-pay)	Once every <b>12</b> months
Medically Necessary Contact Lenses (in lieu of eyeglasses and elective contact lenses) <sup>3</sup>	<b>\$25</b> Co-pay \$250 allowance	Reimbursed up to \$250 (less applicable co-pay) Once every 12 months	Once every <b>12</b> months
Contact Lens Fitting Fee	\$30 allowance	No Benefit Available	Once every <b>12</b> months
Laser Vision Correction (LASIK)	Discount Pricing	No Benefit Available	N/A

## 2-YEAR RATES

**CO-PAY \$10/\$25**

### MONTHLY RATES

Employee Only	\$7.32
Employee + One	\$14.64
Employee + Family	\$19.91



DeltaVision's Select Plus 125 covers photochromic lenses, like Transitions, for only a \$60 co-pay.

- 1 Submit member reimbursement request form and paid receipt to Delta Dental.
- 2 This benefit is paid only once during the group's benefit period and must be fully utilized at the time of purchase.
- 3 Limited to aphakia, keratoconus or severe anisometropia and requires pre-authorization by Delta Dental.

Plan is qualified under IRS Section 125. DeltaVision is underwritten by Advantica Insurance Company. DeltaVision is administered by Delta Dental of Missouri and Advantica Administrative Services, Inc.

## National Network of Independent and Retail Providers



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