



Pines Health

150 150 Voluntary

Effective Date: 1/1/2024

DeltaVision® is supported by the nationwide EyeMed Vision Care Access Network, including private practitioners and the most popular retail and online retail locations.

Hardware Plan

DeltaVision Plan Summary

	Network Benefits	Non-Network Reimbursement
*Frames every 24 months:		
Any available frame at provider location	\$150 allowance, then 20% off balance	Up to \$75
Standard Plastic Lenses every 12 months		
Single vision / Bifocal / Trifocal	Member co-pay \$10, plan pays balance	Up to \$25 / \$40 / \$55
Lens Options		
UV coating / Tint / Standard scratch resistance	Member co-pay \$15 each	None
Standard polycarbonate	Member co-pay \$40	None
Standard anti-reflective coating	Member co-pay \$45	None
Standard progressive	Member co-pay \$75	None
Premium progressive	\$75 co-pay, 80% of charge less \$120 allowance	None
Other add-ons and services	20% off retail price	None
*Contact Lenses every 12 months:		
<small>In lieu of spectacle lenses; allowance covers materials only.</small>		
Conventional	\$150 allowance, then 15% off balance	Up to \$120
Disposable	\$150 allowance, member pays balance	Up to \$120
Medically necessary	Paid in full	Up to \$200
Laser Vision Correction - Lasik or PRK	15% off retail price or 5% off promotional price	None

*Frame and Contact allowance are one-time-use benefits during the frequencies shown.

Per Pay Period Rates	Additional In-Network Discounts
Employee \$2.64	<ul style="list-style-type: none"> ➤ 20% discount on items not covered by the plan at network providers, which may not be combined with any other discounts or promotional offers, and the discount does not apply to EyeMed provider's professional services, or contact lenses. Retail prices may vary by location. ➤ Members also receive a 40% discount off complete prescription eyeglass purchases and a 15% discount off conventional contact lenses once the funded benefit has been used. ➤ ContactsDirect.com and Glasses.com give members access to on-line retailers where benefits can be used. Visit these websites for additional information. ➤ Discounts do not apply for benefits provided by other group benefit plans.
Employee + One \$5.16	
Employee + Child(ren) \$5.00	
Family \$7.81	
Rates Guaranteed Until: 12/31/2024	
<p><i>To locate a participating EyeMed Access Network provider, log on to member.eyemedvisioncare.com/nedd or call 1-866-723-0513.</i></p>	

This document is intended to be only a summary description of the program benefits. It is not intended to describe all terms, conditions and limitations of the coverage. Please refer to the Vision Plan Description (VPD) for the actual terms, conditions and limitations of the coverage summarized in this document.