



Delta Family Values – Quality and Service



> 2024 Summary of Benefits

**A side-by-side comparison of your 2024
Vision Plan Summary of Benefits**

*The benefits summarized are extracted from the
ITDR 2024 Benefit Guide, pages 45.*

VISION PLAN | Summary of Benefits

	IN-NETWORK	OUT-OF-NETWORK
Vision Exam (once every calendar year) <i>With dilation as necessary</i>	Covered in full after \$10 copay	Up to \$42
Eyeglass Lenses * (once every calendar year)		
Single Vision	Covered in full after \$10 copay	Up to \$32
Bifocal	Covered in full after \$10 copay	Up to \$46
Trifocal	Covered in full after \$10 copay	Up to \$61
Lenticular	Covered in full after \$10 copay	Up to \$61
Standard Progressive	\$10 copay	\$80
Premium Progressive Tier 1	\$30 copay	\$80
Premium Progressive Tier 2	\$40 copay	\$80
Premium Progressive Tier 3	\$55 copay	\$80
Premium Progressive Tier 4	\$10 copay, 20% off retail less \$120 Allowance	\$80
Eyeglass Frames (once every 2 years) <i>Any available frame at provider location</i>	\$0 copay, covered up to \$140; 20% off balance over \$140	Up to \$75
Contact Lens Fitting (once every calendar year)		
Standard	Covered in full after \$25 copay	Up to \$42
Specialty	Covered up to \$55 after \$25 copay	Up to \$42
Contact Lenses (once every calendar year)*		
Conventional	Up to \$130	Up to \$100
Disposable	Up to \$130	Up to \$100
Medically Necessary	Paid in Full	Up to \$210
Vision Correction Procedures LASIK - Call EyeMed for full details	15% discount or 5% off sale price	No benefit

* Contacts (in lieu of eyeglass lenses); Eyeglass lenses (in lieu of contact lenses).