

2026 Summary of Benefits

A side-by-side comparison of your
2026 Vision Plan Summary of Benefits

*The benefits summarized are extracted from the
ITDR 2026 Benefit Guide, pages 45.*



2026



Delta Family Values – Quality and Service



VISION PLAN | Summary of Benefits

	In-Network	Out-of-Network
Vision Exam (once every calendar year) With dilation as necessary	Covered in full after \$10 copay	Up to \$42
Eyeglass Lenses * (once every calendar year) <ul style="list-style-type: none"> • Single Vision • Bifocal • Trifocal • Lenticular • Standard Progressive • Premium Progressive Tier 1 • Premium Progressive Tier 2 • Premium Progressive Tier 3 • Premium Progressive Tier 4 	Covered in full after \$10 copay Covered in full after \$10 copay Covered in full after \$10 copay Covered in full after \$10 copay \$10 copay \$30 copay \$40 copay \$55 copay \$10 copay, 20% off retail less \$120 Allowance	Up to \$32 Up to \$46 Up to \$61 Up to \$61 \$80 \$80 \$80 \$80 \$80
Eyeglass Frames (once every calendar year) Any available frame at provider location	\$0 copay, covered up to \$140; 20% off balance over \$140	Up to \$75
Contact Lens Fitting (once every calendar year) <ul style="list-style-type: none"> • Standard • Specialty 	Covered in full after \$25 copay \$25 Copay; 10% off retail price, then apply \$55 allowance	Up to \$42 Up to \$42
Contact Lenses (once every calendar year)* <ul style="list-style-type: none"> • Conventional • Disposable • Medically Necessary 	Up to \$130 Up to \$130 Paid in Full	Up to \$100 Up to \$100 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).