2027

Summary of Benefits

A side-by-side comparison of your 2027 Vision Plan Summary of Benefits

The benefits summarized are extracted from the ITDR 2027 Benefits & Resources Guide, page 45.

INSURANCE TRUST for Delta Retirees

Delta Family Values – Quality and Service

EyeMed

VISION PLAN | Summary of Benefits

EYEMED	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)		
• 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 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)		
• Standard	Covered in full after $25 copay	Up to $42
• Specialty	$25 Copay; 10% off retail price, then apply $55 Allowance	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).