

Your 2025 Vision Benefits



 **DELTA DENTAL**[®]

DeltaVision[®]



OVERVIEW



Megan Wohlfeil

*Account
Manager*



2025 Vision
Benefits



Finding a
Vision Provider



Resources &
How to Enroll

Important

- If you are already enrolled in DeltaVision **your coverage will automatically continue**
- There are no benefit or rate changes for vision coverage in 2025
- If you enroll you will receive a new ID card in the mail after your effective date*. If you are already enrolled, you will not receive a new ID card.

**You do not need an ID card to receive services*

DeltaVision[®]



WHY EVERYONE NEEDS EYE EXAMS

- Blurry vision
- Eye strain
- Headaches
- Protection
 - UV
 - Blue light
- Productivity
- Eye health
- General health



2025 Vision Plan Benefits

Vision Benefit Plan Design

In-Network

Out-of-Network Reimbursement

Eye Exam (once per year)

Comprehensive with dilation	\$15 copay	Up to \$45
Retinal Imaging	Up to \$39	Not covered

Contact Lens Fit and Follow Up (once per year)

Standard	\$40 copay	\$0
Premium	10% off retail price	\$0

Frames (every 12 (child) or 24 months (adult))

\$150 allowance off retail
(then 20% off balance)

Up to \$70

Lenses (once per year)

Single	\$25 copay	Up to \$30
Bifocal	\$25 copay	Up to \$50
Trifocal	\$25 copay	Up to \$65

OR

Contact Lenses

\$150 allowance off retail
(then 15% off balance if conventional lenses)

Up to \$105

PREMIUM PROGRESSIVE LENS & ANTI-REFLECTIVE COATING

- **Premium Progressive Lens (In Network)**

- Tier 1 \$ 95 copay
- Tier 2 \$ 105 copay
- Tier 3 \$ 120 copay
- Tier 4% \$ 200 copay

- **Premium Anti-Reflective Coating (In Network)**

- Tier 1 \$57
- Tier 2 \$68
- Tier 3 \$85

FRAME AND CONTACT LENS EXAMPLE



Ellen is a regular contact lens wearer, and usually uses her benefit towards a supply of contacts. However, she hasn't replaced her glasses in a few years, and she could use a new pair.

FRAME AND CONTACT LENS EXAMPLE



**\$150 contact
lens allowance**

To maximize her benefits, Ellen first uses her \$150 contact lens allowance to purchase her annual supply of contacts.

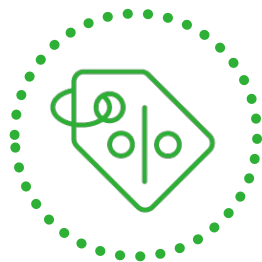
FRAME AND CONTACT LENS EXAMPLE



**\$150 frame
allowance**

Even though she has used her contact lens allowance, Ellen still has a frame allowance of \$150 to use. So, she purchases a pair of Ray-Bans.

FRAME AND CONTACT LENS EXAMPLE



**20% discount
on lenses**

After using her contact lens allowance, Ellen no longer has her lens allowance. However, she does still receive a 20% discount on any lens purchases.

ADDITIONAL DISCOUNTS

Laser vision correction:

- 15% off retail or 5% off promotional price

Other discounts:

- 40% off additional complete eyeglass purchases
- 20% non-covered items at a participating provider

DIABETIC EYE CARE

This benefit includes:



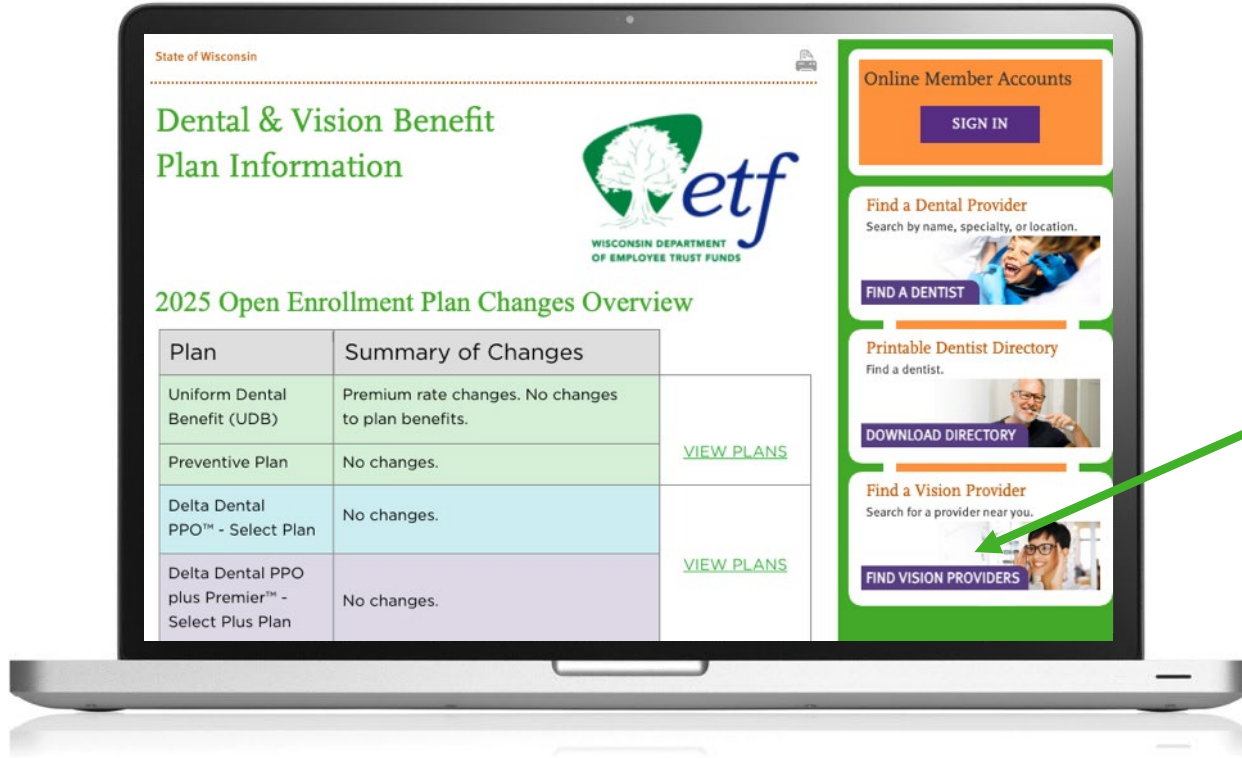
An office visit twice per year



Comprehensive diagnostic tests twice per year

Finding a Vision Provider

FINDING A VISION PROVIDER



EYEMED RETAILERS



INSIGHT NETWORK

LENSCRAFTERS[®] 

PEARLE
EST. 1961
VISION

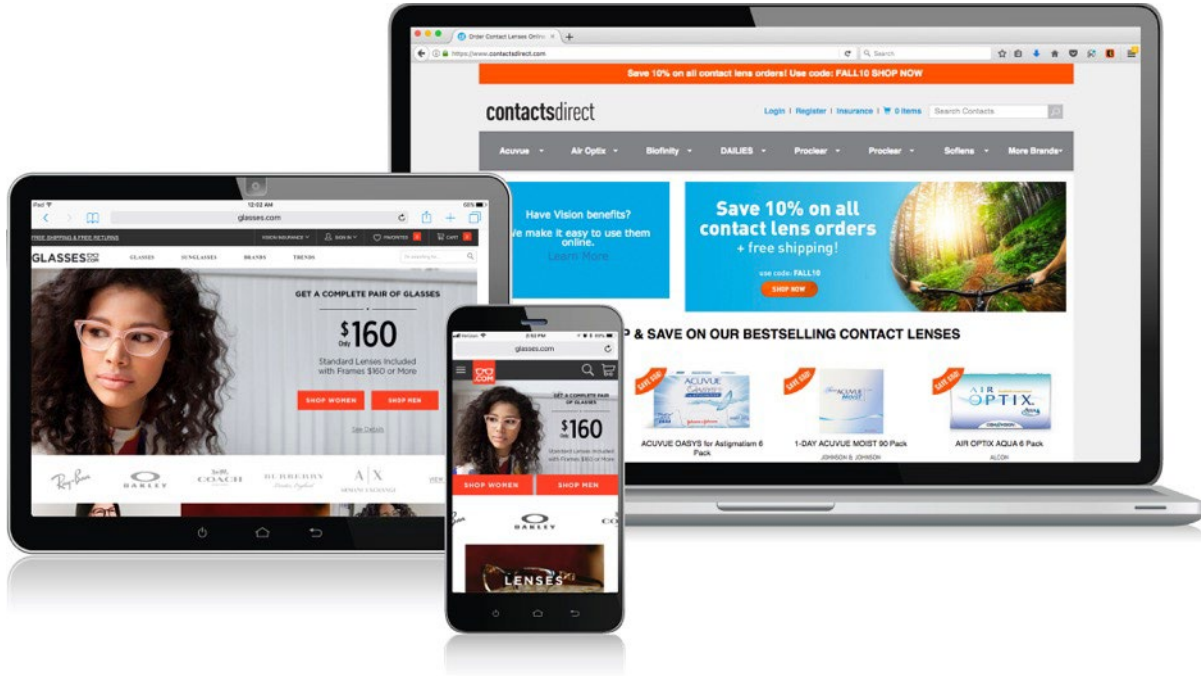
 OPTICAL[®]

Walmart 

INDEPENDENT
PROVIDER
NETWORK



ONLINE EYEWEAR PROVIDERS



LENSCRAFTERS 


OAKLEY

 TARGET
Optical



2025 VISION PLAN – RATES

DeltaVision Plan		
Monthly Premium	Active Employee	Retiree
Individual	\$5.72	\$5.72
Individual + Child(ren)	\$12.88	\$11.42
Individual + Spouse	\$11.42	\$11.42
Family	\$20.58	\$13.41

Resources & How to Enroll

ONLINE TOOLS

Web

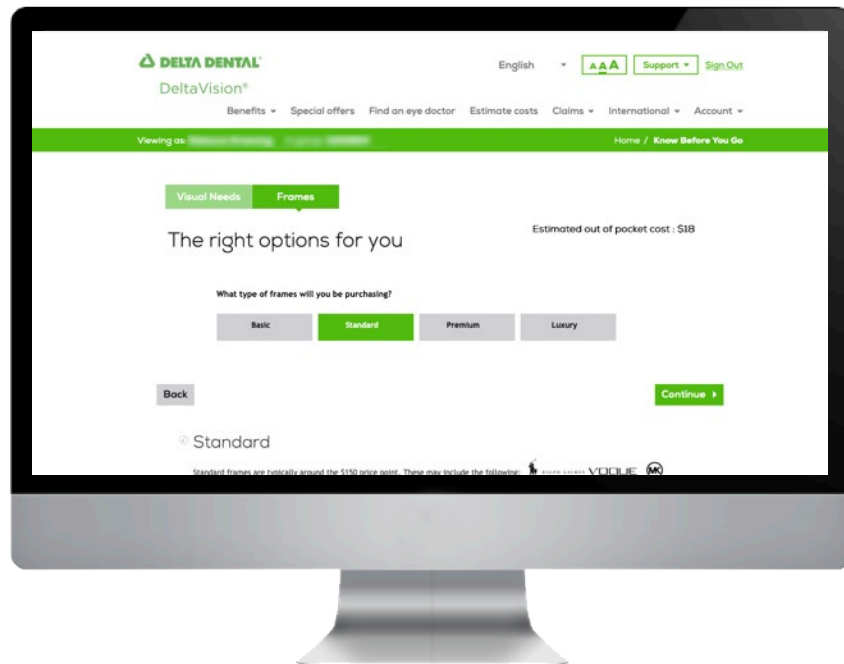
- View benefits and eligibility
- Download ID cards and EOBs
- Check claim status
- View wellness information
- Review LASIK information
- Contact EyeMed
- Find answers to common questions

www.deltadentalwi.com/state-of-wi-vision

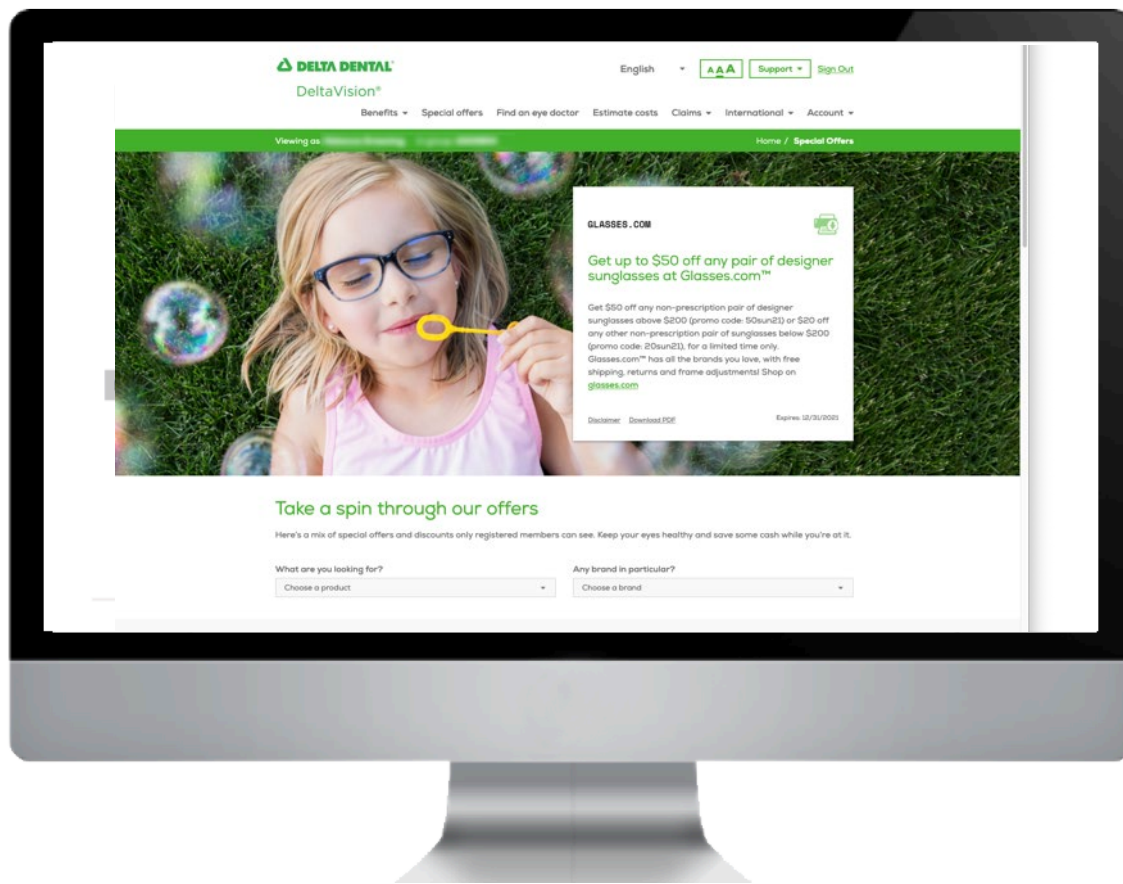
COST TRANSPARENCY TOOL

Estimate your costs upfront:

- Choose anticipated services and products
- Easy-to-understand explanations of differing types of frames, lenses, add-ons and contacts are included
- See plan-specific estimated out-of-pocket cost total (if any)



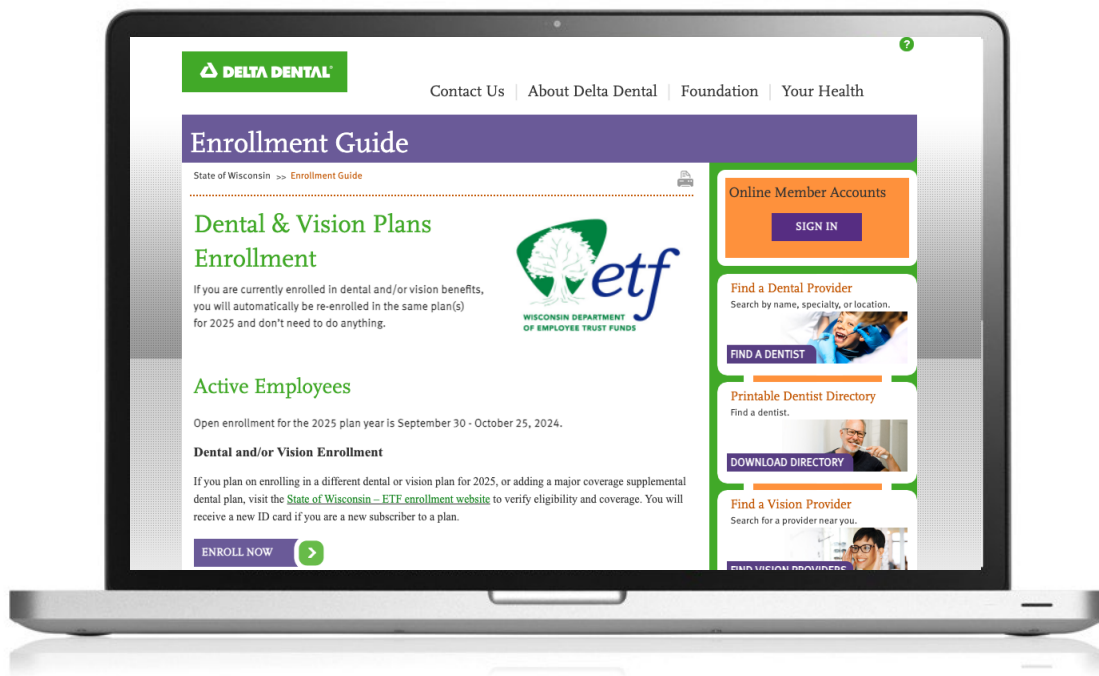
SPECIAL OFFERS



NEXT STEP: ENROLLMENT

- Review specific benefits and plan costs
- Enroll or make changes during open enrollment:
 - September 30 – October 25, 2024

ENROLL NOW >



Contact Us



If you have any questions, please contact a Benefit Advisor or visit our website.

855-544-6035

www.deltadentalwi.com/state-of-wi-vision



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