DeltaVision®

CAMANCHE COMMUNITY SCHOOL DISTRICT
Group Number: 43318
Network: Insight
Plan ID: #1023131 | Benefit Level: 105
Benefits Effective: 7/1/25 to 6/30/29

Vision Care Services	In-Network Member Cost	Out-of-Network Reimbursement
Exam (Once every calendar year)	$10 Copay	Up to $35
Dilation, Eye Exam Refraction	$0 Copay	N/A
Frames (Once every two calendar years)	80% of balance over $200	Up to $100
Lens (Once every calendar year in lieu of contact lenses)		
Single Vision / Bi-Focal / Tri-Focal / Lenticular	$10 / $10 / $10 / $10 Copay	Up to $25 / $40 / $55 / $55
Standard Progressive Lens	$75 Copay	Up to $40
Premium Progressive Lens		
-Tier 1 / Tier 2 / Tier 3	$95 / $105 / $120 Copay	Up to $40
-Tier 4	$75 Copay, plus 80% of charge less $120	Up to $40
Other Lens Type	80% of charge	N/A
Lens Options		
Standard Polycarbonate	$40 Copay	N/A
Standard Plastic Scratch Coating	$15 Copay	N/A
Tint (Solid and Gradient)	$15 Copay	N/A
UV Treatment	$15 Copay	N/A
Standard Anti-reflective (a/r) Coating	$45 Copay	N/A
Photochromatic/Transitions	$75 Copay	N/A
Other Lens Options	80% of charge	N/A
Premium Anti-reflective (a/r) Coating		
-Tier 1 / Tier 2	$57 / $68 Copay	N/A
-Tier 3	80% of retail	N/A
Contact Lenses (Once every calendar year in lieu of lenses)		
Conventional	85% of balance over $200	Up to $160
Disposable	Balance over $200	Up to $160
Medically Necessary	$0 Copay	Up to $200
Contact Lens Fit & Follow-up Exam		
Standard	Up to $40	N/A
Premium	10% off retail price	N/A

ADDITIONAL VISION BENEFITS



40% OFF
additional pairs of glasses



20% OFF
any items not covered by the plan, including non-prescription sunglasses



15% OFF
retail price or 5% off promotional price for LASIK or PRK from US Laser Network

DeltaVision is underwritten by Veratrus Benefit Solutions, Inc., a wholly-owned subsidiary of Delta Dental of Iowa, utilizing the EyeMed Vision Care network.