



Delaware Vision Plans - Small Group (Non-Voluntary*)
 Groups size 1-50 - Rates are effective 1/1/2023 through 12/31/2023

Frequencies	Premier		Premier III	
Eye Exam	Once every 24 months		Once every 12 months	
Eyeglass lenses	Once every 24 months		Once every 12 months	
Frame	Once every 24 months		Once every 12 months	
Contact Lenses (in lieu of eyeglasses)	Once every 24 months		Once every 12 months	
Copayments				
Eye Exam	\$10		\$10	
Spectacle lenses	Covered in full		Covered in full	
Eyeglass Benefit - Frame				
Non-collection Frame Allowance (Retail):	Up to \$150 plus 20% discount on overage		Up to \$150 plus a 20% discount on any overage	
Enhanced Visionworks Store Allowance:	Up to \$200		Up to \$200	
Davis Vision Frame Collection** (In Lieu of Allowance):				
- Fashion Level	Included		Included	
- Designer Level	Included		Included	
- Premier Level	Included		Included	
Eyeglass Benefit - Spectacle Lenses				
Scratch-Resistant Coating	Included		Included	
Polycarbonate Lenses*** (children/adult)	\$0 or \$30		\$0 or \$30	
Ultraviolet Coating	\$12		\$12	
Standard Anti-Reflective (AR) Coating	\$35		\$35	
Premium AR Coating	\$48		\$48	
Ultra AR Coating	\$60		\$60	
Standard Progressive Lenses	\$50		\$50	
Premium Progressive Lenses (Varilux, etc.)	\$90		\$90	
Ultra-Progressive Lenses	\$140		\$140	
High-Index Lenses	\$55		\$55	
Polarized Lenses	\$75		\$75	
Plastic Photosensitive Lenses	\$65		\$65	
Contact Lens Benefit (In Lieu of Eyeglasses)				
Non-Collection Contact Lenses: Materials Allowance	Up to \$150 plus a 15% discount on any overage		Up to \$150 plus a 15% discount on any overage	
Collection Contacts Lenses** (In Lieu of Allowance): Materials				
- Disposable	4 boxes		4 boxes	
- Planned Replacement	2 boxes		2 boxes	
- Evaluation, Fitting & Follow-up Care	Included		Included	
Out-of-Network Reimbursement Schedule: up to				
Eye Exam:	\$30		\$40	
Frame:	\$30		\$50	
Single Vision Lenses:	\$25		\$40	
Bifocal/Progressive Lenses:	\$35		\$60	
Trifocal lenses:	\$45		\$80	
Lenticular Lenses:	\$60		\$100	
Elective Contact Lenses:	\$75		\$105	
Medically Necessary Contact Lenses:	\$225		\$225	
	Employee	Employee & Child(ren)	Employee & Spouse	Family
Premier (Non-Voluntary)	\$5.90	\$15.69	\$11.80	\$24.13
Premier III (Non-Voluntary)	\$8.13	\$21.64	\$16.27	\$33.27

*Non-Voluntary participation guidelines: A minimum of 70% participation is required.

**Collection is available at most participating independent provider offices. Collection is subject to change. Collection is inclusive of select torics and multifocals.

***Polycarbonate lenses are covered in full for dependent children, monocular patients and patients with prescriptions +/- 6.00 diopters or greater.



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Lenticular Lenses:		\$100	
Elective Contact Lenses:		\$105	
Medically Necessary Contact Lenses:		\$225	
Premier III Voluntary Rates			
Employee	Employee & Child(ren)	Employee & Spouse	Family
\$11.37	\$30.25	\$22.75	\$46.52

*Voluntary participation guidelines: A minimum of 20% participation is required, and at least two contracts must be enrolled.

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