

Vision Plan



The Diocese offers a comprehensive voluntary vision plan through DeltaVision. This plan saves you money on your eye care purchases and is available through provider locations participating in the EyeMed Access Network. Employees enrolling in this plan will be mailed two ID cards to their home address. Each covered family member will use the subscriber's ID card/ ID number when at the EyeMed network provider of choice.



Benefit	Description	In-Network	Out-of-Network
Exam	– Every 12 months	\$10	Up to \$35
Prescription Glasses		\$25	
Frames	– Every 24 months	\$150 allowance, then 20% off balance	Up to \$75
Lenses	– Every 12 months – Single Vision – Lined Bifocal – Lined Trifocal	\$25	Up to \$25 Up to \$40 Up to \$55
Lens Enhancements	– Every 12 months – Standard Progressive lenses – Premium Progressive lenses – Anti-reflective coating	\$90 \$90 or 80% of charge less than \$120 allowance \$45	Not Covered
Contacts	– Every 12 months – Conventional – Disposable – Medically necessary	\$150 allowance, then 15% off balance \$150 allowance, member pays balance Paid in full	Up to \$120 Up to \$120 Up to \$200

*See Vision Plan summary for details.