

DeltaVision Administered by EyeMed

Proposed Effective Date 07/01/2026

Quote is valid for 60 days from effective date.

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Group Name: **MOHAVE COMMUNITY COLLEGE**

VISION®

MOHAVE COMMUNITY COLLEGE
Proposed Effective Date: 07/01/2026
Vision Network: EyeMed Insight
Quote Option: 6672

Vision Care Services	In-network Allowance	Out-of-network Allowance[1]
Vision Exam With Dilation (As necessary)	$10 copay	$30
Retinal Imaging	Up to $39	N/A
Contact Lens Fit & Follow-up		
Standard Fit & Follow-up	Up to $40	N/A
Premium Fit & Follow-up	10% off retail price	N/A
Frames	$0 copay; $125 allowance, 20% off balance over $125	$60
Standard Plastic Lenses		
Single Vision	$25 copay	$25
Bifocal	$25 copay	$40
Trifocal	$25 copay	$55
Lenticular	$25 copay	$55
Standard Progressive Lens	$75 copay	$40
Premium Progressive Lens[2]	Tier 1: $95 copay Tier 2: $105 copay Tier 3: $120 copay Tier 4: $75 copay, 80% of charge less $120 allowance	$40
Lens Options		
UV Coating	$15	N/A
Tint (Solid and gradient)	$15	N/A
Standard Scratch-Resistance	$15	N/A
Standard Polycarbonate	$40	N/A
Standard Anti-Reflective[2]	$45	N/A
Polarized	20% off retail price	N/A
Photochromic /Transitions Plastic[2]	$75	N/A
Premium Anti-reflective	Tier 1: $57 Tier 2: $68 Tier 3: 20% off retail price	N/A
Other Add-Ons and Services	$20% off retail price	N/A
Contact Lenses[3]	$0 copay; $125 allowance, 15% off balance over $125	$64
Conventional		
Disposable	$0 copay; $125 allowance, plus balance over $125	$64
Medically Necessary	$0 copay, paid in full	$200
Lasik and PRK Benefit	15% off retail price or 5% off promotional price	N/A
Diabetic Care Services [4]	Covered 100%, $0 copay	$77
Office Service Visit (Medical follow-up exam)		
Fundus Photography[5]		$50
Extended Ophthalmoscopy[6]		$15
Gonioscopy		$15
Scanning Laser		$33
Frequency		
Examination	Once every 12 months from date of service	
Lenses or Contact Lenses	Once every 12 months from date of service	
Frames	Once every 12 months from date of service	
One & Sun	Once every 24 months from date of service	
Diabetic Care Services	Twice every 12 months from the date of service	

One & Sun™

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With the One & Sun add-on, when eligible DeltaVision members[10] get an annual eye exam, they can claim a FREE pair of Ray-Ban®, Oakley® or other non-prescription sunglasses—just for using the vision benefits they already have. Learn more at oneandsun.com.

Monthly Rates	Bundled with dental + One & Sun[7,9]	Bundled with dental[7,9]	Stand-alone[8,9]
3-tier			
Employee	$8.40	$5.80	N/A
Employee + 1	$15.89	$11.89	N/A
Employee + 2 or more	$22.34	$17.14	N/A
	1011446-814	1011446-301	1011445-301

No broker commission

[1] Out-of-network reimbursement will be the lesser of the listed amount or the member's actual cost from the out-of-network provider. In certain states, members may be required to pay the full retail rate and not the negotiated retail discount rate with certain participating providers. Please see EyeMed's online provider locator to determine which providers have agreed to the discounted rate.
[2] Fixed pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels. EyeMed reserves the right to make changes to the products on each tier and the member out-of-pocket costs. Contact EyeMed for a current listing of brands by tier.
[3] Contact lens allowance includes materials only.
[4] Diabetic care services cover diabetic eyecare evaluation services only for members with Type 1 or Type 2 diabetes. Exclusions and limitations may apply. Refer to plan details for coverage specifics.
[5] Fundus Photography is not covered if extended ophthalmoscopy is provided within the previous 6 months
[6] Extended ophthalmoscopy is not covered if fundus photography is provided within the previous 6 months
[7] Vision plans bundled with dental require a minimum of 2 enrolled employees. Employer contribution is not required. Rates are valid only when the quoted plan is the sole vision plan offered by a group.
[8] Vision plans purchased as a stand-alone benefit require a minimum of 2 enrolled employees. Employer contribution is not required. Rates are valid only when the quoted plan is the sole stand alone vision plan offered by a group.
[9] Rates valid for new vision groups sized 2-500 and have a 24-month rate guarantee. Contact your broker or Delta Dental of Arizona representative for large group rates.
[10] Only the subscriber/policyholder and their covered spouse are eligible for One and Sun. Children are not eligible. Refer to plan documentation for full details.