

North Boone CUSD #200
Vision | Renewal | Effective 07/01/2025

		CURRENT		RENEWAL	
Carrier Name		Delta Dental of Illinois		Delta Dental of Illinois	
Plan Name		DeltaVision Complete Vision		DeltaVision Complete Vision	
PLAN DESIGN*					
Network Name		INN [Access Network]	OON	INN [Access Network]	OON
Exam (including eyewear exam)					
Frequency		12 Months	12 Months	12 Months	12 Months
Benefit		\$0 Copay	Reimburse up to \$35	\$0 Copay	Reimburse up to \$35
Lenses					
Materials Copay		\$0 Copay		\$0 Copay	
Frequency		12 Months	12 Months	12 Months	12 Months
Single		\$0 Copay	Reimburse up to \$25	\$0 Copay	Reimburse up to \$25
Bifocal		\$0 Copay	Reimburse up to \$40	\$0 Copay	Reimburse up to \$40
Trifocal		\$0 Copay	Reimburse up to \$55	\$0 Copay	Reimburse up to \$55
Standard Progressive		Up to \$65	N/A	Up to \$65	N/A
Frames					
Frequency		24 Months	24 Months	24 Months	24 Months
Allowance		Up to \$130 plus 20% off	Reimburse up to \$50	Up to \$130 plus 20% off	Reimburse up to \$50
Contact Lenses					
Frequency		12 Months	12 Months	12 Months	12 Months
Allowance		Conventional: Up to \$100 plus 15% off; Disposable: Up to \$100	Reimburse up to \$64	Conventional: Up to \$100 plus 15% off; Disposable: Up to \$100	Reimburse up to \$64
Medically Necessary		Covered in full	Reimburse up to \$200	Covered in full	Reimburse up to \$200
Separate Fitting Allowance		Standard: Covered in full and two follow-up visits; Premium: Up to \$55 plus 10% off retail price	Reimburse up to \$40	Standard: Covered in full and two follow-up visits; Premium: Up to \$55 plus 10% off retail price	Reimburse up to \$40
COST ANALYSIS					
PEPM Rates - Enrollment per 2025 Renewal Doc	Enrollment	DeltaVision Complete Vision		DeltaVision Complete Vision	
Employee (EE) Only	127	\$7.93		\$8.09	
EE + Family	44	\$22.19		\$22.63	
Total Enrollment	171				
Estimated Monthly Premium		\$1,983		\$2,023	
Estimated Annual Premium		\$23,802		\$24,278	
Dollar Difference from Current				\$476	
Percent Change from Current				2.0%	
PLAN PROVISIONS					
Rate Guarantee		1 Year rate guarantee ending 06/30/2025		1 Year rate guarantee ending 06/30/2026	
Premium Paid Basis		Contributory (Employee pays all or a portion of the premium)		Contributory (Employee pays all or a portion of the premium)	
Required Employer Contribution		0%		0%	
Required Participation		75%		75%	
Eligibility		FTE 32HRS/WK / PTE 1,000HRS / 12Months		FTE 32HRS/WK / PTE 1,000HRS / 12Months	

*NOTE: Benefit deviations from Current are identified in *blue font*
Notes and Assumptions