



State of Delaware Vision Plan Comparison Chart for COBRA Participants (Effective July 1, 2026)

Please note: Contact ASI COBRA at 1-877-388-8331 with questions regarding your COBRA Continuation Coverage status, premium payments, and plan rates.

Plan Options	EyeMed Low Vision Plan		EyeMed High Vision Plan	
Network	Insight		Insight	
Plan Feature	In-Network Member Copay	Out-of-Network Reimbursement ("Up to" amount noted)	In-Network Member Copay	Out-of-Network Reimbursement ("Up to" amount noted)
Exam	\$10 <u>or</u> \$0 at PLUS Provider	\$30	\$5 <u>or</u> \$0 at PLUS Provider	\$30
Retinal Imaging	\$0	\$20	\$0	\$20
Frame	\$0 copay; Allowance: \$160 <u>or</u> \$210 at PLUS Provider; Receive 20% off balance over allowance	\$80	\$0 copay; Allowance: \$210 <u>or</u> \$260 at PLUS Provider; Receive 20% off balance over allowance	\$105
Standard Plastic Lenses - Single Vision or Bifocal or Trifocal	\$20	\$25 Single \$40 Bifocal \$55 Trifocal	\$10	\$25 Single \$40 Bifocal \$55 Trifocal
Standard Progressive Lenses	\$85	\$40	\$10	\$40
Premium Progressive - Tier 1, 2, 3 or 4	T1 \$105, T2 \$115, T3 \$130, T4 \$235	\$40	T1 \$95, T2 \$105, T3 \$120, T4 \$225	\$40
Lens Option - Standard Polycarbonate - Kids under 19	\$0	\$5	\$0	\$5
Contact Lenses (Disposable)	\$0 copay; Allowance: \$160 <u>or</u> \$210 at PLUS Provider; Pay 100% of balance over allowance	\$105	\$0 copay; Allowance: \$210 <u>or</u> \$260 at PLUS Provider; Pay 100% of balance over allowance	\$170
		Frequency	Frequency	
Exam	Once per plan year		Once per plan year	
Frame	Once per plan year		Once per plan year	
Lenses or Contact Lenses	Once per plan year		Once per plan year	
Medical Follow-Up Exam for Diabetic Vision Care	Once every 6 months		Once every 6 months	

Important Note: For detailed information about all the benefits offered through the State's vision plan, including the plan limitations, exclusions and diabetic care services, visit the Statewide Benefits Office (SBO) website at de.gov/statewidebenefits.