

Westerly Schools
Premium Quote by Tier & Plan
DeltaVision®

4-Year Rates Effective 7/1/2026 - 6/30/2030	
Plan	DeltaVision® - 175
4 TIER RATES	
Employee Only	\$7.90
Employee & Spouse	\$15.80
Employee & Child(ren)	\$16.59
Family	\$22.91

Underlying Coverage Assumptions	
Program	DeltaVision® - 175
UPGRADE OPTION	
Upgrade Option	None
IN-NETWORK ALLOWANCES	
Frame Allowance	\$175
Costco Optical Frame Allowance	\$95
Elective Contact Lens Allowance	\$175
FREQUENCY OF SERVICES (MONTHS)	
Exam Every	12
Lenses Every	12
Frames Every	12
Contacts Every (insetad of glasses)	12
COPAYMENTS	
Well Vision Exam	\$10
Perscription Glasses (includes frames and/or lenses)	\$25
Contact Lenses (fitting and evaluation)	Up to \$60