



DeltaVision¹ Easy Options Plan

		DeltaVision Easy Options	
Copays		\$10 exam / \$25 materials (lenses and/or frames)	
Exam		Once every 12 months	
Lenses		Once every 12 months	
Frame		Once every 12 months	
Frame allowance		\$150 /\$230*	
Elective contact lens allowance (instead of prescription glasses)		\$150 /\$230*	
Visually necessary contact lenses² (instead of prescription glasses)		Covered in full after materials copay	
DeltaVision provider			
Examination		Covered in full after exam copay	
Contact lens exam (fitting & evaluation)		Covered in full after copay up to \$60	
Lenses			
Single vision, lined bifocal, lined trifocal, lenticular		Covered in full after materials copay	
Lens enhancements			
Copayment amount		Single vision	Multifocal
Standard progressive lenses		N/A	Covered in full
Premium progressive lenses		N/A	\$95 - \$105
Custom progressive lenses		N/A	\$150 - \$175
Polycarbonate lenses (for children)		Covered in full	Covered in full
Polycarbonate lenses (for all)		\$35	\$35
Light-reactive lenses		\$75	\$75
Anti-reflective coating		\$41 - \$85	\$41 - \$85
Scratch-resistant coating		\$17	\$17

Members may choose to upgrade to one of the following: higher frame or contact lens allowance (\$230), premium progressive lens coverage at no additional cost, anti-reflective coating, or light-reactive lens coverage at no additional cost.

Out-of-network maximum allowance	
Examination	\$45
Frames	\$70
Lenses	
Single vision	\$30
Bifocal	\$50
Trifocal	\$65
Lenticular	\$100
Progressive	\$50
Elective contact lenses	\$105
Necessary contact lenses	\$210

¹ In California, DeltaVision is underwritten by Delta Dental of California. In Alabama, Delaware, District of Columbia, Florida, Georgia, Louisiana, Maryland, Mississippi, Montana, Nevada, New York, Pennsylvania, Texas, Utah and West Virginia, DeltaVision is underwritten by Delta Dental Insurance Company. Benefits are subject to the terms of the Contract including limitations and exclusions. DeltaVision is administered by Vision Service Plan (VSP).

² Visually necessary contact lenses are covered in full when benefit criteria is met and verified by a VSP network doctor for eye conditions that would prohibit the use of glasses. The conditions covered include aphakia, aniridia, anisometropia, corneal transplant, high ametropia, nystagmus, keratoconus, heredity corneal dystrophies and other eye conditions that make contact lenses necessary.

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