

## Benefits overview<sup>1</sup>

Exam/lens/frame frequency (months)	12/12/24
Contacts (instead of glasses) frequency (months)	12

### In-network coverage

Exam copay	\$10
Materials copay (lenses and/or frame)	\$25
Single vision, lined bifocal, lined trifocal or lenticular lenses	Covered in full after copay
Frames allowance	\$130
Elective contact lenses allowance	\$130
Necessary contact lenses	Covered in full after copay
Contact lens fit and evaluation copay	Up to \$60

DeltaVision®

# 130 Standard

## Out-of-network allowances

Exam	Up to \$45
Single vision lenses	Up to \$30
Bifocal lenses	Up to \$50
Trifocal lenses	Up to \$65
Progressive lenses	Up to \$50
Lenticular lenses	Up to \$100
Frames	Up to \$70
Elective contact lenses	Up to \$105
Necessary contact lenses	Up to \$210

## Most popular lens enhancements (member cost)<sup>2</sup>

All lens enhancements are covered after a copay saving members 30% on average.

	Single	Multifocal
Standard anti-reflective coating	\$41	\$41
Premium anti-reflective coating	\$68	\$68
Custom anti-reflective coating	\$85	\$85
Polycarbonate lenses (adult)	\$35	\$35
Polycarbonate lenses (child)	Covered	Covered
Standard progressive lenses	N/A	Covered
Premium progressive lenses	N/A	\$95 or \$105
Custom progressive lenses	N/A	\$150 or \$175
Photochromic lenses	\$75	\$75
Scratch resistant coating	\$17	\$17

## Additional savings<sup>3</sup>

Frames discount over allowance	An extra \$20 allowance on featured designer brands for frames. 20% savings on any amount above the retail allowance.
Additional pair	20% savings on unlimited additional pairs of prescription glasses and/or nonprescription sunglasses from any VSP network provider within 12 months of exam.
LASIK	Average 15% off the regular price, or 5% off the promotional price; discounts only available from contracted facilities.
Retinal imaging	Routine retinal screening covered after a maximum copay of \$39.
Essential Medical Eye Care <sup>SM</sup>	Supplemental coverage beyond routine care to treat urgent issues/monitor ongoing conditions like pink eye, sudden vision changes, dry eye, diabetic eye disease and glaucoma.
Low vision	Pre-approved low-vision supplemental testing covered every two years. 75% coverage for approved low-vision aids, up to \$1,000 (less any amount paid for supplemental testing) every two years.
Eyeconic®	Go to <a href="http://eyeconic.com">eyeconic.com</a> ® for an easy-to-use, convenient online eyewear option that integrates with your in-network benefits.
TruHearing®	Save up to 60% on hearing aids and batteries. Visit <a href="http://truhearing.com/vsp">truhearing.com/vsp</a> or call 877-396-7194 for more information. <sup>4</sup>



Footnotes: [www.deltadentalmi.com/DeltaVision-footnotes](http://www.deltadentalmi.com/DeltaVision-footnotes)