

DeltaVision® Plan Summary

	VSP Preferred Provider Benefits
WellVision Exam — comprehensive evaluation	Member pays \$10 copay; plan pays balance
Elective contact lens fitting and evaluation	Member pays up to \$60
Frames	Covered up to the plan allowance
Standard Lenses	
Single Vision	Covered in full, less any applicable copay
Bifocal	
Trifocal	
Lenticular	
Standard progressive	
Lens Enhancements	
Standard polycarbonate	Member pays \$31-\$35; \$0 for dependent children
Standard anti-reflective coating	Member pays \$41
Premium progressive	Member pays \$95-\$105
Custom progressive	Member pays \$150-\$175
Other lens enhancements	Average savings of 25%
Contact Lenses — in lieu of spectacle lenses (<i>contact lens allowance covers materials only</i>)	
Elective	No copayment; plan pays up to the frame allowance.
Necessary	Covered in full, frequency of service applies
Laser vision correction	15% off retail price, or 5% off promotional price; discounts only available from contracted facilities.
Out-of-Network Benefits	
Exam	Member pays up to \$45
Single vision lenses	Member pays up to \$30
Lined bifocal lenses	Member pays up to \$50
Lined trifocal lenses	Member pays up to \$65
Frames	Member pays up to \$70
Contacts	Member pays up to \$105
Progressive lenses	Member pays up to \$50
Necessary contact lenses	Member pays up to \$210