

# DeltaVision® — Essential Plan

Bundle your dental plan with a DeltaVision® plan to save on all your vision needs.

Benefits, Eyewear and Wellness	In-Network Coverage		Out-of-Network Coverage	
<b>Copays</b>	\$10 exam/\$10 lenses and/or frames			
<b>Exam</b>	Once every 12 months			
<b>Lenses</b>				
<b>Frame</b>				
<b>Examination</b>	Fully covered after \$10 copay		Covered up to \$45	
<b>Contact lens exam</b>	Fully covered after \$40 copay		Shared with elective contact lens allowance	
<b>Retinal imaging</b>	Fully covered after \$39 copay		Not covered	
<b>Frames</b>	Covered up to \$150 (\$80 Costco*)		Covered up to \$70	
<b>Elective contact lenses*</b>	Covered up to \$150		Covered up to \$105	
<b>Necessary contact lenses*</b>	Fully covered after \$10 copay		Covered up to \$210	
<b>Lenses</b>				
<b>Single vision</b>	Fully covered after copay		Covered up to \$30	
<b>Lined bifocal</b>	Fully covered after copay		Covered up to \$50	
<b>Lined trifocal</b>	Fully covered after copay		Covered up to \$65	
<b>Lenticular</b>	Fully covered after copay		Covered up to \$100	
<b>Lens enhancements<sup>1</sup></b>	<b>Member cost</b>			
	<b>Single vision<sup>1</sup></b>	<b>Multifocal<sup>1</sup></b>	<b>Single vision<sup>1</sup></b>	<b>Multifocal<sup>1</sup></b>
<b>Anti-reflective coating</b>	\$41		Not covered	
<b>Scratch-resistant coating</b>	\$17-\$33			
<b>Solid and gradient tints</b>	\$15-\$17			
<b>UV protection</b>	\$10-\$16			
<b>Photochromics</b>	\$75			
<b>Polycarbonate lenses (children)</b>	Fully covered			
<b>Polycarbonate lenses (adults)</b>	\$35			
<b>Standard progressive lenses</b>	N/A	\$55	N/A	Covered up to \$50
<b>Premium progressive lenses</b>	N/A	\$95-\$105	N/A	Covered up to \$50
<b>Custom progressive lenses</b>	N/A	\$150-\$175	N/A	Covered up to \$50
<b>Other lens enhancements not listed</b>	Average savings of 30%		Not covered	
<b>Additional discounts</b>				
<b>Glasses and sunglasses</b>	Extra \$20 to spend on Featured Frame Brands. 20% savings on pairs of glasses and sunglasses, including lens enhancements, from an in-network provider within 12 months of last WellVision Exam®.		N/A	
<b>Laser vision correction</b>	Average 15% off regular price or 5% off promotional price; discounts only available from contracted facilities. <sup>2</sup>		N/A	

DeltaVision is underwritten by Stryden, Inc., an affiliate of Delta Dental of Virginia. Claims processing, claims service and provider network administration for DeltaVision are provided under contract by VSP®. \*Contact lenses are in lieu of prescription glasses. <sup>1</sup>Prices reflect standard lens enhancement selections unless otherwise stated; premium or custom lens enhancements may also be available at an additional cost. <sup>2</sup>A member would need to visit a VSP Network Laser Vision doctor first. This is a VSP provider who works with contracted centers or surgeons in the member's area — not all VSP providers are Laser Vision doctors. After that, the member would be referred to one of the VSP-contracted laser vision centers or surgeons. VSP and WellVision Exam® are registered trademarks of Vision Service Plan. All other brands or marks are the property of their respective owners.

# DeltaVision® — Brilliance Plan

Bundle your dental plan with a DeltaVision® plan to save on all your vision needs.

Benefits, Eyewear and Wellness	In-Network Coverage		Out-of-Network Coverage	
<b>Copays</b>	\$0 exam/\$0 lenses and/or frames			
<b>Exam</b>	Once every 12 months			
<b>Lenses</b>				
<b>Frame</b>				
<b>Examination</b>	Fully covered		Covered up to \$45	
<b>Contact lens exam</b>	Fully covered		Shared with elective contact lens allowance	
<b>Retinal imaging</b>	Fully covered after \$39 copay		Not covered	
<b>Frames</b>	Covered up to \$200 (\$110 Costco®)		Covered up to \$70	
<b>Elective contact lenses*</b>	Covered up to \$200		Covered up to \$105	
<b>Necessary contact lenses*</b>	Fully covered		Covered up to \$210	
<b>Lenses</b>				
<b>Single vision</b>	Fully covered		Covered up to \$30	
<b>Lined bifocal</b>	Fully covered		Covered up to \$50	
<b>Lined trifocal</b>	Fully covered		Covered up to \$65	
<b>Lenticular</b>	Fully covered		Covered up to \$100	
<b>Lens enhancements<sup>1</sup></b>	<b>Member cost</b>			
	<b>Single vision<sup>1</sup></b>	<b>Multifocal<sup>1</sup></b>	<b>Single vision<sup>1</sup></b>	<b>Multifocal<sup>1</sup></b>
<b>Anti-reflective coating</b>	\$41		Not covered	
<b>Scratch-resistant coating</b>	Fully covered			
<b>Solid and gradient tints</b>	Fully covered			
<b>UV protection</b>	Fully covered			
<b>Photochromics</b>	\$75			
<b>Polycarbonate lenses (children)</b>	Fully covered			
<b>Polycarbonate lenses (adults)</b>	\$35			
<b>Standard progressive lenses</b>	N/A	Fully covered	N/A	Covered up to \$50
<b>Premium progressive lenses</b>	N/A	\$95-\$105	N/A	Covered up to \$50
<b>Custom progressive lenses</b>	N/A	\$150-\$175	N/A	Covered up to \$50
<b>Other lens enhancements not listed</b>	Average savings of 30%		Not covered	
<b>Additional discounts</b>				
<b>Glasses and sunglasses</b>	Extra \$20 to spend on Featured Frame Brands. 20% savings on pairs of glasses and sunglasses, including lens enhancements, from an in-network provider within 12 months of last WellVision Exam®.		N/A	
<b>Laser vision correction</b>	Average 15% off regular price or 5% off promotional price; discounts only available from contracted facilities. <sup>2</sup>		N/A	

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