

Delta Dental has partnered with VSP to provide DeltaVision®. Now you can enjoy the benefits of comprehensive vision care. DeltaVision® offers the same quality coverage, exceptional service, and unparalleled networks you've come to expect from Delta Dental, making it an easy addition to your healthcare network.

DeltaVision 130 Benefits

WellVision Exam		\$10 Copay
Exams <i>Once every 12 months</i>	Comprehensive eye exam to ensure overall visual wellness	
Prescription Glasses		\$25 Copay
Frames <i>Once every 24 months</i>	<ul style="list-style-type: none"> • \$130 allowance for wide selection of frames • 20% savings on amount over allowance • \$70 Costco frame allowance 	Included in Prescription Glasses Copay
Lenses <i>Once every 12 months</i>	<ul style="list-style-type: none"> • Single vision, lined bifocal and lined trifocal lenses 	Included in Prescription Glasses Copay
Covered Lens Enhancements	<ul style="list-style-type: none"> • Polycarbonate lenses for children • Standard Progressive Lenses 	\$0
Optional Lens Enhancements <i>Average savings of 20-25% on other lens enhancements</i>	<ul style="list-style-type: none"> • Premium Progressive Lenses • Custom Progressive Lenses • Tints/Photochromic Adaptive Lenses • Scratch Resistant Coating 	Copay Ranges \$95 - \$105 \$150 - \$175 \$15 - \$17 \$17
Contact Lenses - Instead of Glasses		
Contacts <i>Once every 12 months</i>	<ul style="list-style-type: none"> • \$130 allowance for contacts; copay does not apply • Contact lens exam (fitting and evaluation) 	up to \$60
Extra Savings		
Featured Frames	\$150 allowance on featured frame brands. Check vsp.com for current offers.	
Glasses and Sunglasses	20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam	
Retinal Screening	No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam	
Value Added Programs		
Included	Primary Eyecare, Eye Health Management (including Diabetic Exam Reminder Letters)	

Your coverage with Out-of-Network Providers

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| • Exam - up to \$45 | • Lined Bifocal Lenses - up to \$50 | • Progressive Lenses - up to \$50 |
| • Frame - up to \$70 | • Lined Trifocal Lenses - up to \$65 | • Contacts - up to \$105 |
| • Single Vision Lenses - up to \$30 | • Lenticular Lenses - up to \$100 | • Necessary Contact Lenses - up to \$210 |

To learn more about DeltaVision® plans visit
DeltaDentalTN.com/DeltaVision