



# **DeltaVision®**



Delta Dental of Kentucky is committed to the health and happiness of your employees. That's why we've partnered with VSP to offer DeltaVision, the best vision care for your employees and their families.

Best Benefits, Biggest Network. Your employees have the freedom to choose the provider that's right for them. VSP has 100,000 access points, including the largest national network of independent doctors and over 5.000 retail chain locations.

Value-packed Plans. Your employees get a fully-covered WellVision® Exam, and an average savings of 30% off the most popular lens enhancements.

**Award Winning Customer Service.** Your Employees will have access to VSP award-winning customer service team 7 days a week.

Employees satisfied with their benefits are

**2x** more loyal.

Employees say visual disturbances affect their quality of work.

## New in 2021

New 150+ Plan! Includes additional covered benefits:

Polycarbonate lenses for children and adults Standard scratch resistant coating Ultra-violet screening Solid or gradient tint Standard anti-reflective coating

Now In-network with Walmart/Sam's Club and Costco (Effective 1/1/2020)

Saved for every 100 employees, in lost productivity and healthcare costs.<sup>1</sup>

Sources: 1. Human Capital Management Services (HCMS study of behalf of VSP, 2013).

Choose DeltaVision and see how you can get better choices, smarter savings and the best care.





## **DeltaVision®** by Delta Dental of Kentucky

administered by VSP®

	DeltaVision 130	DeltaVision 150	DeltaVision 150+	DeltaVision 175		
BENEFIT FREQUENCY						
WellVision Exam Every:	12 Months	12 Months	12 Months	12 Months		
Lenses Every:	12 Months	12 Months	12 Months	12 Months		
Frames Every:	24 Months	24 Months	24 Months	12 Months		
Contacts (in lieu of glasses):	12 Months	12 Months	12 Months	12 Months		
CO-PAYMENTS						
WellVision Exam:	\$10	\$10	\$10	\$10		
Materials:	\$25	\$10	\$10	\$10		
Contact Lens Exam (fitting and evaluation):	Up to a \$60 Copay	Up to a \$60 Copay	Up to a \$60 Copay	Up to a \$60 Copay		
IN NETWORK ALLOWANCES						
Retail Frame Value:	\$130	\$150	\$150	\$175		
Elective Contact Lenses:	\$130	\$150	\$150	\$175		
Covered Lens Options:	Polycarbonate for Children     Standard Progressive Lenses	Polycarbonate for Children     Standard Progressive Lenses	Polycarbonate for Children Polycarbonate for Adults Standard Progressive Lenses Anti-Reflective Coating Scratch Resistant Coating UV Screening Solid or Gradient Tint	Polycarbonate for Children Standard Progressive Lenses Anti-Reflective Coating		
EXTRA DISCOUNTS AND SAVINGS						
Lens Enhancements:	Average Savings of 30%					

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Additional Pairs of Glasses:	20% off		
Sunglasses	20% off		
Laser Vision Correction:	Average 15%-20% discount		

#### **VALUE ADDED PROGRAMS**

Primary Eyecare, Eye Health Management, & Diabetic Exam Reminder Letters

Your coverage with Out-of-Network I	coverage with Out-of-Network Providers				
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			

### **MONTHLY RATES** (Employer Paid / Voluntary)

		DeltaVision 130	DeltaVision 150	DeltaVision 150+	DeltaVision 175
	Employee Only:	\$5.36 / \$6.30	\$6.31 / \$7.43	\$7.35 / \$8.67	\$9.87 / \$11.67
	Employee + Spouse:	\$10.72 / \$12.60	\$12.62 / \$14.86	\$14.70 / \$17.33	\$19.73 / \$23.34
	Employee + Child(ren):	\$11.47 / \$13.49	\$13.50 / \$15.90	\$15.20 / \$18.01	\$21.11 / \$24.98
	Family:	\$18.33 / \$21.55	\$21.58 / \$25.42	\$24.29 / \$28.79	\$33.74 / \$39.91

**Delta Dental of Kentucky** 800-955-2030 | **VSP** 800-877-7195

(Please contact DDKY for eligibility before contacting VSP Member Services)

#### **VSP Choice Network**