

DeltaVision by Delta Dental of Kentucky

administered by VSP

DeltaVision 150

Benefit	Description	Сорау		
WellVision Exam				
Exams 1 exam every 12 months	Comprehensive eye exam to ensure overall visual wellness	\$10		
Prescription Glasses		\$10		
Frames 1 pair every 24 months	\$150 allowance for wide selection of frames 20% savings on amount over allowance \$80 Costco frame allowance	Included in Prescription Glasses Copay		
Lenses 1 pair every 12 months	Single vision, lined bifocal and lined trifocal lenses Polycarbonate lenses for children	Included in Prescription Glasses Copay		
Covered Lens Enhancements	Standard Progressive Lenses Standard Anti-Reflective Coating	\$O \$55		
Optional Lens Enhancements	Premium Progressive Lenses Custom Progressive Lenses Average savings of 20-25% on other lens enhancements	\$95 - \$105 \$150 - \$175		
Contact Lenses - instead of glasses				
Contacts every 12 months	\$150 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation)	up to \$60		
Extra Savings				
Featured Frames	\$170 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			
Additional Programs				
Included	Primary Eyecare, Eye Health Management (including Diab	etic Exam Reminder Letters)		

Your coverage with Out-of-Network Providers			
Exam - up to \$45 Frame - up to \$70 Single Vision Lenses - up to \$30	· · ·	Progressive Lenses - up to \$50 Contacts - up to \$105 Necessary Contact Lenses - up to \$210	

VSP Choice Network			
38,000 preferred providers - 91,000 Access Points			