

DeltaVision® — Essential Plan

Benefits, Eyewear and Wellness	In-Network Coverage		Out-of-Network Coverage	
Copays	\$10 exam/\$10 lenses and/or frames			
Exam	Once every 12 months			
Lenses				
Frame				
Examination	Fully covered after \$10 copay		Covered up to \$45	
Contact lens exam	Fully covered after \$40 copay		Shared with elective contact lens allowance	
Retinal imaging	Fully covered after \$39 copay		Not covered	
Frames	Covered up to \$150 (\$80 Costco®)		Covered up to \$70	
Elective contact lenses*	Covered up to \$150		Covered up to \$105	
Necessary contact lenses*	Fully covered after \$10 copay		Covered up to \$210	
Lenses				
Single vision	Fully covered after copay		Covered up to \$30	
Lined bifocal	Fully covered after copay		Covered up to \$50	
Lined trifocal	Fully covered after copay		Covered up to \$65	
Lenticular	Fully covered after copay		Covered up to \$100	
Lens enhancements¹	Member cost			
	Single vision¹	Multifocal¹	Single vision¹	Multifocal¹
Anti-reflective coating	\$41		Not covered	
Scratch-resistant coating	\$17-\$33			
Solid and gradient tints	\$15-\$17			
UV protection	\$10-\$16			
Photochromics	\$75			
Polycarbonate lenses (children)	Fully covered			
Polycarbonate lenses (adults)	\$31	\$35		
Standard progressive lenses	N/A	\$55	N/A	Covered up to \$50
Premium progressive lenses	N/A	\$95-\$105	N/A	Covered up to \$50
Custom progressive lenses	N/A	\$150-\$175	N/A	Covered up to \$50
Other lens enhancements not listed	Average savings of 30%		Not covered	
Additional discounts				
Glasses and sunglasses	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	
Laser vision correction	Average 15% off regular price or 5% off promotional price; discounts only available from contracted facilities. ²		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. ¹Prices reflect standard lens enhancement selections unless otherwise stated; premium or custom lens enhancements may also be available at an additional cost. ²A 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

Benefits, Eyewear and Wellness	In-Network Coverage		Out-of-Network Coverage	
Copays	\$0 exam/\$0 lenses and/or frames			
Exam	Once every 12 months			
Lenses				
Frame				
Examination	Fully covered		Covered up to \$45	
Contact lens exam	Fully covered		Shared with elective contact lens allowance	
Retinal imaging	Fully covered after \$39 copay		Not covered	
Frames	Covered up to \$200 (\$110 Costco®)		Covered up to \$70	
Elective contact lenses*	Covered up to \$200		Covered up to \$105	
Necessary contact lenses*	Fully covered		Covered up to \$210	
Lenses				
Single vision	Fully covered		Covered up to \$30	
Lined bifocal	Fully covered		Covered up to \$50	
Lined trifocal	Fully covered		Covered up to \$65	
Lenticular	Fully covered		Covered up to \$100	
Lens enhancements¹	Member cost			
	Single vision¹	Multifocal¹	Single vision¹	Multifocal¹
Anti-reflective coating	\$41		Not covered	
Scratch-resistant coating	Fully covered			
Solid and gradient tints	Fully covered			
UV protection	Fully covered			
Photochromics	\$75			
Polycarbonate lenses (children)	Fully covered			
Polycarbonate lenses (adults)	\$31	\$35		
Standard progressive lenses	N/A	Fully covered	N/A	Covered up to \$50
Premium progressive lenses	N/A	\$95-\$105	N/A	Covered up to \$50
Custom progressive lenses	N/A	\$150-\$175	N/A	Covered up to \$50
Other lens enhancements not listed	Average savings of 30%		Not covered	
Additional discounts				
Glasses and sunglasses	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	
Laser vision correction	Average 15% off regular price or 5% off promotional price; discounts only available from contracted facilities. ²		N/A	

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