DELTA DENTAL

DELTAVISION
Administered by VSP® Vision Care

2027 Effective dates

	$130 Allowance			$150 Allowance				$180 Allowance		
	130 Standard Plan	130 Standard Plan B	130 Enhanced Plan	150 Standard Plan	150 Standard Plan B	150 Enhanced Plan B	150 Enhanced Plan	180 Standard Plan	180 Enhanced Plan	180 Enhanced Plan B
Exam/lens/frame frequency (months)	12/12/24	12/12/24	12/12/12	12/12/24	12/12/24	12/12/24	12/12/12	12/12/12	12/12/12	12/12/12
Contacts (instead of glasses) frequency (months)	12	12	12	12	12	12	12	12	12	12

In-network coverage

Exam copay	$10	$20	$10	$10	$20	$10	$10	$10	$0	$0
Materials copay	$25	$20	$25	$25	$20	$10	$10	$10	$0	$0
Single vision, lined bifocal, lined trifocal or lenticular lenses	Covered-in-full after copay	Covered-in-full after copay	Covered-in-full after copay	Covered-in-full after copay	Covered-in-full after copay	Covered-in-full after copay	Covered-in-full after copay	Covered-in-full after copay	Covered-in-full after copay	Covered-in-full after copay
Frames allowance	$130	$130	$130	$150	$150	$150	$150	$180	$180	$180
Elective contact lenses allowance	$130	$130	$130	$150	$150	$150	$150	$180	$180	$180
Necessary contact lenses	Covered-in-full after copay	Covered-in-full after copay	Covered-in-full after copay	Covered-in-full after copay	Covered-in-full after copay	Covered-in-full after copay	Covered-in-full after copay	Covered-in-full after copay	Covered-in-full	Covered-in-full
Contact lens fit and evaluation copay	Up to $60	Up to $60	Up to $60	Up to $60	Up to $60	Up to $60	Up to $60	Up to $60	Up to $60	Up to $60
Easy option benefits—member choice of an increased allowance or a covered lens enhancement	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Included*
Diabetic Eyecare Plus	Included	Included	Included	Included	Included	Included	Included	Included	Included	Included

**Easy Options—Patient chooses one of the following upgrades at the point-of-service: $280 frame allowance; progressive lenses; anti-reflective lens coating; photochromic; $230 contact lens allowance. 20% on frame overages, Promotions, and Featured Frame Brands do not apply at Walmart, Sam's Club and Costco Optical*

Out-of-network allowances

Exam	Up to $45
Single vision lenses	Up to $30
Bifocal lenses	Up to $50
Trifocal lenses	Up to $65
Progressive lenses	Up to $50
Lenticular lenses	Up to $100
Frames	Up to $70
Elective contact lenses	Up to $105
Necessary contact lenses	Up to $210

Most popular lens enhancements (member cost)[2]

Lens enhancements are available at the following flat rates, saving members 30% on average

	Single	Multifocal
Standard anti-glare coating	$41	$41
Premium anti-glare coating	$68	$68
Custom anti-glare coating	$85	$85
Impact-resistant lenses—adult	$35	$35
Impact-resistant lenses—child	Covered-in-full	Covered-in-full
Standard progressive lenses	N/A	Covered-in-full
Premium progressive lenses	N/A	$95 – $105
Custom progressive lenses	N/A	$150 – $175
Light-adaptive lenses (plastic)	$75	$75
Scratch-resistant coating	$17	$17

OVER

Additional savings[3]

Frames discount over allowance	An extra $20 allowance on Featured Frame Brands[5]. 20% savings on any amount above the retail allowance.
Additional pair	20% savings on unlimited additional pairs of prescription glasses and/or nonprescription sunglasses from any VSP network provider within 12 months of exam.
LASIK	Average 15% off the regular price. Discounts only available from contracted facilities.
Retinal imaging	Routine retinal screening covered for a maximum fee of $39.
Essential Medical Eye Care	Retinal imaging for members with diabetes covered-in-full. Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma and more. Coordination with your medical coverage may apply. Ask your VSP network doctor for details.
Low vision	Pre-approved low-vision supplemental testing covered every two years. 75% coverage for approved low-vision aids, up to $1,000 (less any amount paid for supplemental testing) every two years.
Eyeconic®	Shop in-network using your vision benefits at **eyeconic.com**.
TruHearing®	Save up to 60% on digital hearing aids with TruHearing. Visit **vsp.com/offers/special-offers/hearing-aids** for details.[4]

Scan the QR code to view the FAQs or visit bit.ly/4phyNcv

Choose DeltaVision and offer your groups better choices, smarter savings and the best care.

See the difference. Contact your Delta Dental sales representative today.

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5. Frame brands and promotion subject to change. Only available to VSP members with applicable plan benefits. Only available at in-network locations. Members who participate in a Medicaid/state-funded plan are not eligible.

For underwriting responsibilities please scan the QR code or visit deltadentalmi.com/DeltaVision-footnotes