

**DeltaVision 130**

| Benefit  | Description  | Copay   |
|--|--|---|
| <b>WellVision Exam</b>   |  |   |
| <b>Exams</b><br>1 exam every 12 months                                       | Comprehensive eye exam to ensure overall visual wellness   | \$10  |
| <b>Prescription Glasses</b>  |  |   |
| <b>Frames</b><br>1 pair every 24 months                                      | \$130 allowance for wide selection of frames<br>20% savings on amount over allowance<br>\$70 Costco, Walmart/Sam's Club frame allowance            | Included in Prescription Glasses Copay  |
| <b>Lenses</b><br>1 pair every 12 months                                      | Single vision, lined bifocal and lined trifocal lenses<br>Polycarbonate lenses for children  | Included in Prescription Glasses Copay  |
| <b>Covered Lens Enhancements</b>   | Standard Progressive Lenses  | \$0   |
| <b>Optional Lens Enhancements</b>  | Standard Anti-Reflective Coating<br>Premium Progressive Lenses<br>Custom Progressive Lenses<br>Average savings of 30% on other lens enhancements   | \$41<br>\$95 - \$105<br>\$150 - \$175   |
| <b>Contact Lenses - instead of glasses</b>                                   |  |   |
| <b>Contacts</b><br>every 12 months   | \$130 allowance for contacts; copay does not apply<br>Contact lens exam (fitting and evaluation)   | up to \$60  |
| <b>Extra Savings</b>   |  |   |
| <b>Featured Frames</b>   | \$150 allowance on featured frame brands. Check vsp.com for current offers.  |   |
| <b>Glasses and Sunglasses</b>  | 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam |   |
| <b>Retinal Screening</b>   | No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam  |   |
| <b>Laser Vision Correction</b>   | Average 15%-20% discount   |   |
| <b>Additional Programs</b>   |  |   |
| <b>Included</b>  | Primary Eyecare, Eye Health Management (including Diabetic Exam Reminder Letters)  |   |
| <b>Your coverage with Out-of-Network Providers</b>                           |  |   |
| Exam - up to \$45<br>Frame - up to \$70<br>Single Vision Lenses - up to \$30 | Lined Bifocal Lenses - up to \$50<br>Lined Trifocal Lenses - up to \$65<br>Lenticular Lenses - up to \$100   | Progressive Lenses - up to \$50<br>Contacts - up to \$105<br>Necessary Contact Lenses - up to \$210 |

**Member Services\***

**Delta Dental of Kentucky**  
Customer Service  
800-955-2030

\*Please contact DDKY for eligibility before contacting VSP Member Services

**VSP Vision**  
Member Services  
800-877-7195

Hearing impaired customers may call 800-428-4833

**VSP Choice Network**

100,000 Access Points • In-network with Costco, Walmart/Sam's Club

**DeltaVision 150**

| Benefit  | Description  | Copay   |
|--|--|---|
| <b>WellVision Exam</b>   |  |   |
| <b>Exams</b><br>1 exam every 12 months                                       | Comprehensive eye exam to ensure overall visual wellness   | \$10  |
| <b>Prescription Glasses</b>  |  |   |
| <b>Frames</b><br>1 pair every 24 months                                      | \$150 allowance for wide selection of frames<br>20% savings on amount over allowance<br>\$80 Costco, Walmart/Sam's Club frame allowance            | Included in Prescription Glasses Copay  |
| <b>Lenses</b><br>1 pair every 12 months                                      | Single vision, lined bifocal and lined trifocal lenses<br>Polycarbonate lenses for children  | Included in Prescription Glasses Copay  |
| <b>Covered Lens Enhancements</b>   | Standard Progressive Lenses  | \$0   |
| <b>Optional Lens Enhancements</b>  | Standard Anti-Reflective Coating<br>Premium Progressive Lenses<br>Custom Progressive Lenses<br>Average savings of 30% on other lens enhancements   | \$41<br>\$95 - \$105<br>\$150 - \$175   |
| <b>Contact Lenses - instead of glasses</b>                                   |  |   |
| <b>Contacts</b><br>every 12 months   | \$150 allowance for contacts; copay does not apply<br>Contact lens exam (fitting and evaluation)   | up to \$60  |
| <b>Extra Savings</b>   |  |   |
| <b>Featured Frames</b>   | \$170 allowance on featured frame brands. Check vsp.com for current offers.  |   |
| <b>Glasses and Sunglasses</b>  | 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam |   |
| <b>Retinal Screening</b>   | No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam  |   |
| <b>Laser Vision Correction</b>   | Average 15%-20% discount   |   |
| <b>Additional Programs</b>   |  |   |
| <b>Included</b>  | Primary Eyecare, Eye Health Management (including Diabetic Exam Reminder Letters)  |   |
| <b>Your coverage with Out-of-Network Providers</b>                           |  |   |
| Exam - up to \$45<br>Frame - up to \$70<br>Single Vision Lenses - up to \$30 | Lined Bifocal Lenses - up to \$50<br>Lined Trifocal Lenses - up to \$65<br>Lenticular Lenses - up to \$100   | Progressive Lenses - up to \$50<br>Contacts - up to \$105<br>Necessary Contact Lenses - up to \$210 |

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**DeltaVision 175**

| Benefit  | Description   | Copay   |
|--|---|---|
| <b>WellVision Exam</b>   |   |   |
| <b>Exams</b><br>1 exam every 12 months                                       | Comprehensive eye exam to ensure overall visual wellness  | \$10  |
| <b>Prescription Glasses</b>  |   |   |
| <b>Frames</b><br>1 pair every 12 months                                      | \$175 allowance for wide selection of frames<br>20% savings on amount over allowance<br>\$95 Costco, Walmart/Sam's Club frame allowance   | Included in Prescription Glasses Copay  |
| <b>Lenses</b><br>1 pair every 12 months                                      | Single vision, lined bifocal and lined trifocal lenses<br>Polycarbonate lenses for children   | Included in Prescription Glasses Copay  |
| <b>Covered Lens Enhancements</b>   | Standard Progressive Lenses<br>Standard Anti-Reflective Coating   | \$0<br>\$0  |
| <b>Optional Lens Enhancements</b>  | Premium Progressive Lenses<br>Custom Progressive Lenses<br>Tints/Photochromic Adaptive Lenses<br>Scratch Resistant Coating<br>Average savings of 30% on other lens enhancements | \$95 - \$105<br>\$150 - \$175<br>\$15 - \$17<br>\$17  |
| <b>Contact Lenses - instead of glasses</b>                                   |   |   |
| <b>Contacts</b><br>every 12 months   | \$175 allowance for contacts; copay does not apply<br>Contact lens exam (fitting and evaluation)  | up to \$60  |
| <b>Extra Savings</b>   |   |   |
| <b>Featured Frames</b>   | \$195 allowance on featured frame brands. Check vsp.com for current offers.   |   |
| <b>Glasses and Sunglasses</b>  | 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam                              |   |
| <b>Retinal Screening</b>   | No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam   |   |
| <b>Laser Vision Correction</b>   | Average 15%-20% discount  |   |
| <b>Additional Programs</b>   |   |   |
| <b>Included</b>  | Primary Eyecare, Eye Health Management (including Diabetic Exam Reminder Letters)   |   |
| <b>Your coverage with Out-of-Network Providers</b>                           |   |   |
| Exam - up to \$45<br>Frame - up to \$70<br>Single Vision Lenses - up to \$30 | Lined Bifocal Lenses - up to \$50<br>Lined Trifocal Lenses - up to \$65<br>Lenticular Lenses - up to \$100  | Progressive Lenses - up to \$50<br>Contacts - up to \$105<br>Necessary Contact Lenses - up to \$210 |

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