

## Benefits overview

Exam/lens/frame frequency (months)	12/12/24
Contacts (instead of glasses) frequency (months)	12

### In-network coverage

Exam copay	\$10
Materials copay	\$25
Frames allowance	\$150
Elective contact lenses allowance	\$150
Necessary contact lenses	Covered in full after copay
Contact lens fit evaluation copay	Up to \$60

DeltaVision®  
**150 Standard**

### Rates (up to 500 enrolled subscribers)

Employee only	\$5.70
Employee + spouse	\$15.74
Employee + child(ren)	\$15.74
Employee + family	\$15.74

## 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

## Lens enhancements (member cost)<sup>3</sup>

Anti-glaring coating	\$41 single/\$41 multifocal
Impact-resistant lenses (adult)	\$31 single/\$35 multifocal (covered for children)
Progressive lenses	Standard progressive lenses are covered
Light-reactive lenses	\$75 single/\$75 multifocal
Scratch-resistant coating	\$17 single/\$17 multifocal

## Additional savings<sup>2</sup>

Frames discount over allowance	An extra \$20 allowance on featured designer brands for frames. 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, or 5% off the promotional price; discounts only available from contracted facilities.
Retinal imaging	Routine retinal screening covered for a maximum fee of \$39.
Lens coverage	Glass or plastic single vision, lined bifocal, lined trifocal or lenticular lenses are covered in full. <sup>3</sup>
VSP Diabetic EyeCare Plus Program <sup>SM</sup>	Retinal screening for members with diabetes, \$0 copay. Additional exams and services for members with diabetic eye disease, glaucoma or age-related macular degeneration. Limitations and coordination with your medical coverage may apply. Ask your VSP network doctor for details. \$20 copay per exam.
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®	Go to <a href="http://eyeconic.com">eyeconic.com</a> ® for an easy-to-use, convenient online eyewear option.
TruHearing®	Save up to 60% on hearing aids and batteries. Visit <a href="http://truhearing.com/vsp">truhearing.com/vsp</a> or call 877-396-7194 for more information. <sup>4</sup>

<sup>1</sup> Prices shown reflect the standard plastic price for each respective category. Premium lens enhancement prices may vary. Prices are valid only through VSP Choice network providers and are subject to change without notice. <sup>2</sup> In-network only. <sup>3</sup> Covered in full materials and services are less any applicable copay. Based on applicable laws, benefits and savings may vary by location. Benefits may also vary at participating retail chains. Promotions like rebates are continually evaluated and subject to change without notice. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business. Promotions and Featured Frame Brands do not apply at Costco® Optical, Walmart/Sam's Club and Costco® Optical allowance of \$80 is equivalent to the frame allowance at VSP doctor locations and participating retail chains. The following items are excluded under this plan: plano lenses (lenses with refractive correction of less than ± .50 diopter), two pairs of glasses instead of bifocals; replacement of lenses, frames, or contacts; medical or surgical treatment; orthoptics; vision training or supplemental testing. <sup>4</sup> VSP is providing information to its members, but does not offer or provide any discount hearing program. The relationship between VSP and TruHearing is that of independent contractors. VSP makes no endorsement, representations, or warranties regarding any products or services offered by TruHearing, a third-party vendor. The vendor is solely responsible for the products or services offered by them. If you have any questions regarding the services offered here, you should contact the vendor directly. TruHearing offers individuals the opportunity to purchase hearing aids at discounted prices, including individuals covered by self-funded health plans not subject to state insurance or health plan regulations. TruHearing is not insurance and not subject to state insurance regulations. TruHearing provides discounts to certain health care groups for hearing aid sales and services; TruHearing provides fitting, programming and three adjustment visits at no cost; the member is obligated to pay for testing, and all post-fitting hearing care services, but will receive a discount from those health care providers who have contracted with TruHearing. Not available directly from VSP in the states of Washington and California.

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DeltaVision plans are sold only in combination with Delta Dental plans.