

DeltaVision plan options

Delta Dental has partnered with VSP® Vision Care—a national leader in vision benefits—to offer an exciting addition to our dental benefits programs. DeltaVision was created exclusively for our Delta Dental groups to broaden the scope of services we can provide to your company. Should you choose DeltaVision, you will receive best-in-class customer service from Delta Dental and VSP in addition to one-stop administration and support for both your dental and vision products.

DeltaVision 130	DeltaVision 150	DeltaVision 180
The DeltaVision 130 plan is an excellent base-level vision plan that offers affordable vision exams and copays for prescription glasses, as well as a \$130 allowance for frames or elective contact lenses.	The DeltaVision 150 plan offers the same great benefits and perks of the DeltaVision 130 plan, plus more—featuring a \$150 allowance for frames or elective contact lenses.	The DeltaVision 180 plan, our richest plan level, offers the same benefits as DeltaVision 150, but with a \$180 allowance. Additionally, the enhanced plan has no copayment on exams and materials.

	DeltaVision 130 Standard	DeltaVision 130 Enhanced	DeltaVision 150 Standard	DeltaVision 150 Enhanced	DeltaVision 180 Standard	DeltaVision 180 Enhanced
Exam/lens/frame frequency (months)	12/12/24	12/12/12	12/12/24	12/12/12	12/12/12	12/12/12
Contacts (instead of glasses) frequency (months)	12	12	12	12	12	12

In-network coverage³

	DeltaVision 130 Standard	DeltaVision 130 Enhanced	DeltaVision 150 Standard	DeltaVision 150 Enhanced	DeltaVision 180 Standard	DeltaVision 180 Enhanced
Exam copay	\$10	\$10	\$10	\$10	\$10	\$0
Materials copay	\$25	\$25	\$25	\$10	\$10	\$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
Frames allowance	\$130	\$130	\$150	\$150	\$180	\$180
Elective contact lenses allowance	\$130	\$130	\$150	\$150	\$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
Contact lens fit and evaluation copay	Up to \$60	Up to \$60	Up to \$60	Up to \$60	Up to \$60	Up to \$60

Rates (up to 1,000 enrolled subscribers)

3 tier

	DeltaVision 130 Standard	DeltaVision 130 Enhanced	DeltaVision 150 Standard	DeltaVision 150 Enhanced	DeltaVision 180 Standard	DeltaVision 180 Enhanced
Employee only	\$5.82	\$7.94	\$6.08	\$9.48	\$10.19	\$11.69
Employee + one dependent	\$11.63	\$15.87	\$12.16	\$18.96	\$20.37	\$23.38
Employee + two or more dependents	\$18.74	\$25.57	\$19.59	\$30.54	\$32.82	\$37.67

4 tier

	DeltaVision 130 Standard	DeltaVision 130 Enhanced	DeltaVision 150 Standard	DeltaVision 150 Enhanced	DeltaVision 180 Standard	DeltaVision 180 Enhanced
Employee only	\$5.82	\$7.94	\$6.08	\$9.48	\$10.19	\$11.69
Employee + spouse	\$11.63	\$15.87	\$12.16	\$18.96	\$20.37	\$23.38
Employee + child(ren)	\$12.46	\$17.00	\$13.02	\$20.31	\$21.82	\$25.04
Employee + spouse + child(ren)	\$19.90	\$27.15	\$20.81	\$32.44	\$34.85	\$40.00



Scan this QR code or visit bit.ly/3rsqWio for additional plan options and rates.

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)¹

All lens enhancements are covered after a copay saving members 30% on average.

	Single	Multifocal
Standard anti-reflective coating	\$41	\$41
Premium anti-reflective coating	\$68	\$68
Custom anti-reflective coating	\$85	\$85
Polycarbonate lenses (adult)	\$35	\$35
Polycarbonate lenses (child)	Covered	Covered
Standard progressive lenses	N/A	Covered
Premium progressive lenses	N/A	\$95 or \$150
Custom Progressive lenses	N/A	\$150 or \$175
Photochromic lenses	\$75	\$75
Scratch resistant coating	\$17	\$17

Additional savings²

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 after a maximum copay of \$39.
VSP Diabetic EyeCare Plus Program SM	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 eyeconic.com [®] for an easy-to-use, convenient online eyewear option.
TruHearing [®]	Save up to 60% on hearing aids and batteries. Visit truhearing.com/vsp or call 877-396-7194 for more information. ⁴

Scan the QR code
to view the FAQs or
visit qrco.de/be9yQB



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

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



Footnotes: www.deltadentaloh.com/DeltaVision-footnotes