

## A Look at Your DeltaVision 150 Plan Provider Network: VSP Choice

Your Coverage with a VSP Provider			
Benefit	Description	Copay	Frequency
WellVision Exam	<ul style="list-style-type: none"><li>Focuses on your eyes and overall wellness</li><li>KidsCare (dependent children only): Two exams every calendar year, fully covered after copay</li></ul>	\$10	Every calendar year
Prescription Glasses		\$25	See Frame and Lenses
-Frame	<ul style="list-style-type: none"><li>\$170 Featured Frame Brands allowance<ul style="list-style-type: none"><li>\$150 frame allowance</li><li>20% savings on the amount over your allowance</li><li>\$80 Costco® frame allowance</li></ul></li><li>KidsCare (dependent children only): One frame covered every calendar year</li></ul>	Included in prescription glasses	Every other calendar year
-Lenses	<ul style="list-style-type: none"><li>Single vision, lined bifocal, and lined trifocal lenses<ul style="list-style-type: none"><li>Impact-resistant lenses for dependent children</li><li>KidsCare (dependent children only): One additional pair of lenses when needed (minimum prescription change required)</li></ul></li></ul>	Included in prescription glasses	Every calendar year
-Lens Enhancements	<ul style="list-style-type: none"><li>Standard progressive lenses</li><li>Premium progressive lenses</li><li>Custom progressive lenses</li><li>Average savings of 30% on other lens enhancements</li></ul>	\$0 \$95-105 \$150-175	Every calendar year
Contacts (Instead of glasses)	<ul style="list-style-type: none"><li>\$150 allowance for contacts. Copay does not apply</li><li>Contact lens exam (fitting and evaluation)</li></ul>	Up to \$60	Every calendar year
Extra Savings	<b>Glasses and Sunglasses</b> <ul style="list-style-type: none"><li>Extra \$20 to spend on Featured Frame Brands. Go to <a href="http://vsp.com/offers">vsp.com/offers</a> for details.</li><li>20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.</li></ul>		
	<b>Routine Retinal Screening</b> <ul style="list-style-type: none"><li>No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam</li></ul>		
	<b>Laser Vision Correction</b> <ul style="list-style-type: none"><li>Average 15% off the regular price or 5% off the promotional price. Discounts only available from contracted facilities.</li></ul>		
Your Coverage With Out-Of-Network Provider			
Get the most out of your benefits and greater savings with a VSP network doctor. Out-of-network costs are higher and can be found at <a href="http://deltadentalco.com/deltavision">deltadentalco.com/deltavision</a> . VSP Member Services: 1-800-877-7195			
Coverage with a retail chain may be different or not apply. Log in to <a href="http://vsp.com">vsp.com</a> to check your benefits for eligibility and to confirm innetwork locations based on your plan type. VSP guarantees coverage from VSP network providers only. Coverage information is subject to change. In the event of a conflict between this information and Delta Dental of Colorado's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.			

Log in to [vsp.com](http://vsp.com) to find an in-network provider based on your plan type.