

Plan highlights

Plan name	
Plan name	DeltaVision-Platinum
Network	Choice
Exam/Lens/Frame frequency	12/12/12
Contacts frequency (in lieu of glasses)	12
In-network coverage	
Exam copay	\$0
Materials copay	\$0
Frame allowance	\$200 (includes Walmart/Sam's Club)/ \$110 Costco
Elective contact lens allowance	\$200
Necessary contact lenses	Covered in full
Contact lens fit/eval copayment	Up to \$60
Both frames and contacts in same year	Yes (allows both frames & contacts in same year - \$200)

Lens enhancements¹

Benefits	Member cost
Anti-glare 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 vision/ \$75 multifocal
Scratch-resistant coating	\$17 single vision/\$17 multi focal

Out-of-network allowances (in addition to in-network copays)

Benefits	Covered up to
Examination	\$45
Single vision lenses	\$30
Bifocal lenses	\$50
Trifocal lenses	\$65
Progressive lenses	\$50

Benefits	Covered up to
Lenticular lenses	\$100
Frame	\$70
Elective contact lenses	\$105
Necessary contact lenses	\$210

Additional savings

Benefits	Plan details
Frames discount over allowance ²	An extra \$20 allowance on featured designer brands for frames. 20% savings on any amount above the retail allowance.
Additional pair ²	20% savings on unlimited additional pairs of prescription glasses and/or nonprescription sunglasses from any VSP provider within 12 months of exam.
LASIK ²	Average 15% off the regular price, or 5% off the promotional price; discounts only available from contracted facilities.
Retinal screening ²	Routine retinal screening covered for a maximum fee of \$39.
Lens coverage ²	Glass or plastic single vision, lined bifocal, lined trifocal, or lenticular lenses are covered in full. ³
VSP Diabetic Eyecare Plus Program SM	<ul style="list-style-type: none"> 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 doctor for details. \$20 copay per exam.
Low vision	<ul style="list-style-type: none"> 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 ^{®2}	Go to Eyeconic.com [®] for an easy-to-use, convenient online eyewear option.
TruHearing ^{®2}	Save up to 60% on hearing aids and batteries. Visit TruHearing.com/VSP or call 877.396.7194 for more information. ⁴