

### Plan highlights

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Plan name	Platinum
Network	Choice
Exam/Lens/Frame frequency (months)	12/12/12
Contacts frequency (in lieu of glasses)	12

### In network coverage

Exam copay	\$0
Materials copay	\$0
Frame allowance (includes Walmart/Sam's Club)	\$200
Frame allowance Costco	\$110
Elective contact lens allowance	\$200
Necessary contact lenses	Covered in full after copay
Contact lens fit/eval copayment	Up to \$60
Both frames and contacts in the same year	Yes (allows both frames & contacts in same year - \$200 for each benefit)

### Out-of-network allowances

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

### Lens enhancements<sup>1</sup>

Benefits	Costs your plan covers
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 lenses
Scratch-resistant coating	\$17 single vision/\$17 multi focal

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 <sup>2</sup>	An extra \$20 allowance on featured designer brands for frames. 20% savings on any amount above the retail allowance.
Additional pair <sup>2</sup>	20% savings on unlimited additional pairs of prescription glasses and/or nonprescription sunglasses from any VSP provider within 12 months of exam.
LASIK <sup>2</sup>	Average 15% off the regular price, or 5% off the promotional price; discounts only available from contracted facilities.
Retinal screening <sup>2</sup>	Routine retinal screening covered for a maximum fee of \$39.
Lens coverage <sup>2</sup>	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>	<ul style="list-style-type: none"> <li>•Retinal screening for members with diabetes, \$0 copay</li> <li>•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.</li> </ul>
Low vision	<ul style="list-style-type: none"> <li>•Pre-approved low vision supplemental testing covered every two years.</li> <li>•75% coverage for approved low vision aids, up to \$1,000 (less any amount paid for supplemental testing) every two years.</li> </ul>
Eyeconic <sup>®2</sup>	Go to Eyeconic.com for an easy-to-use, convenient online eyewear option.
TruHearing <sup>®2</sup>	Save up to 60% on hearing aids and batteries. Visit TruHearing.com/VSP or call 877.396.7194 for more information. <sup>4</sup>

Contract Tier	Fully insured monthly rates
Employee	\$13.39
Employee & Spouse	\$26.79
Employee & Child(ren)	\$28.69
Family	\$45.83

**Disclaimers and exclusions**

The benefits outlined above are a summary of the quoted plan design. Full details on the plan of benefits and applicable policy provisions, including limitations and exclusions, are provided in the group contract.

<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>Available 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.

<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.

## Underwriting policies and requirements

- Dependent children are covered to age 26.
- Proposed rates are valid for effective dates through 6/1/2026 and are guaranteed for a minimum of 12 months.
- The above rates include 20% broker commission.
- The rates are contingent upon the participation of at least 35% of all eligible employees. Minimum participation requirements are waived for this proposal, provided the employer participates in Delta Dental's Your Enrollment Success (YES) program.
- Delta Dental reserves the right to adjust rates if the actual enrollment varies by 10% or more from the assumed enrollment.
- Promotions and Featured Frame Brands do not apply at Costco® Optical, Walmart, Sam's Club, and other participating retail chains.
- The following items are excluded under this plan: plano lenses (lenses with refractive correction of less than  $\pm .50$  diopter), two pairs of glasses instead of bifocals; replacement of lenses, frames, or contacts; medical or surgical treatment; orthoptics; vision training or supplemental testing.
- The above rates are based upon the 360 PLUSS program being the primary vision plan.

DeltaVision is underwritten by Delta Dental of Connecticut, Inc. Delta Dental of Connecticut, Inc., is a licensed insurer in Connecticut that markets and sells dental and vision coverage on an insured basis in that state and is licensed in New Jersey to market and sell vision coverage. Its ultimate parent company, Delta Dental of New Jersey, Inc., is a licensed dental service corporation in the State of New Jersey.