DeltaVision®
In partnership with VSP®

Proposed fully insured program and monthly rates
Rate proposal for: 360 PLUSS

Plan highlights

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) Frame allowance Costco	$200 $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)

Lens enhancements[1]

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
Scratch-resistant coating	$17 single vision/$17 multi focal

Out-of-network allowances

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]

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