DeltaVision by Delta Dental of Kentucky

administered by VSP

Individual & Family Plan Option





DeltaVision 150

Benefit Description Copay

	Description	Copuy	
WellVision Exam			
Exams 1 exam every 12 months	Comprehensive eye exam to ensure overall visual wellness	\$10	
Prescription Glasses		\$10	
Frames 1 pair every 24 months	\$150 allowance for wide selection of frames 20% savings on amount over allowance \$80 Costco frame allowance	Included in Prescription Glasses Copay	
Lenses 1 pair every 12 months	Single vision, lined bifocal and lined trifocal lenses Polycarbonate lenses for children	Included in Prescription Glasses Copay	
Covered Lens Enhancements	Standard Progressive Lenses Standard Anti-Reflective Coating	\$0 \$55	
Optional Lens Enhancements	Premium Progressive Lenses Custom Progressive Lenses Average savings of 20-25% on other lens enhancements	\$95 - \$105 \$150 - \$175	
Contact Lenses - instead of glasses			
Contacts every 12 months	\$150 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation)	up to \$60	
Extra Savings			
Featured Frames	\$170 allowance on featured frame brands. Check vsp.com for current offers.		
Glasses and Sunglasses	20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam		
Retinal Screening	No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam		
Additional Programs			
Included	Primary Eyecare, Eye Health Management (including Diabetic Exam Reminder Letters)		

Your coverage with Out-of-Network Providers			
nses - up to \$65 Cor	ogressive Lenses - up to \$50 ntacts - up to \$105 cessary Contact Lenses - up to \$210		
	enses - up to \$65 Co		

VSP Choice Network 38,000 preferred providers - 91,000 Access Points

MONTHLY RATES		
Subscriber Only:	\$8.32	
Subscriber + One:	\$16.64	
Family:	\$26.78	