

## DeltaVision 175 Plan - BrightSpring Health Services

Benefit	Description	Copay
<b>WellVision Exam®</b>		<b>\$10</b>
<b>Exams</b> 1 exam every 12 months	Comprehensive eye exam to ensure overall visual wellness	
<b>Prescription Glasses</b>		<b>\$10</b>
<b>Frames</b> 1 pair every 12 months	\$175 Frame Allowance (including Walmart/Sam's Club locations) 20% savings on amount over allowance \$95 Costco frame allowance	Included in Prescription Glasses Copay
<b>Lenses</b> 1 pair every 12 months	Single vision, lined bifocal and lined trifocal lenses Polycarbonate lenses for children	Included in Prescription Glasses Copay
<b>Covered Lens Enhancements</b>	Standard Progressive Lenses Standard Anti-Reflective Coating	\$0 \$0
<b>Optional Lens Enhancements</b>	Premium Progressive Lenses Custom Progressive Lenses Tints/Photochromic Adaptive Lenses Scratch Resistant Coating Average savings of 30% on other lens enhancements	\$95 - \$105 \$150 - \$175 \$15 - \$17 \$17
<b>Contact Lenses - instead of glasses</b>		
<b>Contacts</b> every 12 months	\$175 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation)	up to \$60
<b>Extra Savings</b>		
<b>Featured Frames</b>	\$195 allowance on featured frame brands. Check vsp.com for current offers.	
<b>Glasses and Sunglasses</b>	20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam	
<b>Retinal Screening</b>	No more than a \$39 copay on routine retinal screening as an enhancement to WellVision Exam	
<b>Laser Vision Correction</b>	Average 15%-20% discount	
<b>Additional Programs</b>		
<b>Included</b>	Primary Eyecare, Eye Health Management (including Diabetic Exam Reminder Letters)	
<b>Coverage with Out-of-Network Providers</b>		
Exam - up to \$45 Frame - up to \$70 Single Vision Lenses - up to \$30	Lined Bifocal Lenses - up to \$50 Lined Trifocal Lenses - up to \$65 Lenticular Lenses - up to \$100	Progressive Lenses - up to \$50 Contacts - up to \$105 Necessary Contact Lenses - up to \$210

MONTHLY RATES	
Employee Only:	\$7.79
Employee + Spouse:	\$13.65
Employee + Child(ren):	\$14.81
Family:	\$22.60

### MEMBER SERVICES

**Delta Dental of Kentucky 800-955-2030 | VSP 800-877-7195**

Please contact DDKY for eligibility before contacting VSP Member Services

VSP Choice Network | 109,000 Access Points | In-network with Costco, Walmart/Sam's Club