

Benefits Summary: DeltaVision® - 130 Plus

In-Network Coverage with VSP Choice Network

Benefit	Description	Copay
WELLVISION EXAM®		
Exams 1 exam every 12 months	<ul style="list-style-type: none"> • Focuses on your eyes and overall wellness • Routine retinal screening up to \$39 	\$10
PRESCRIPTION GLASSES		
Frames 1 pair every 12 months	<ul style="list-style-type: none"> • \$130 allowance for wide selection of frames • 20% savings on amount over allowance. Savings based on doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied • VSP fully covers more frames than retail allowance only plans • Allowance may differ at Costco® Optical, however it is of equivalent value. Costco Optical allowance of \$70 is equivalent to \$130 frame allowance at VSP doctor locations and participating retail chains 	\$25
Lenses 1 pair every 12 months	<ul style="list-style-type: none"> • Single vision, lined bifocal, lined trifocal lenses and lenticular 	
Covered Lens Enhancements	<ul style="list-style-type: none"> • Impact-resistant lenses for children • Standard Progressive Lenses • Solid Tints and Dyes (Pink I and II) 	\$0
CONTACT LENSES (instead of glasses)		
Contacts Every 12 months	<ul style="list-style-type: none"> • \$130 allowance for contacts • Contact lens exam (fitting and evaluation) 	\$0 Up to \$60
VALUE-ADDED PROGRAMS		
VSP Essential Medical Eye Care Program	<ul style="list-style-type: none"> • Retinal imaging for members with diabetes covered-in-full • Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more • Coordination with your medical coverage may apply. Ask your VSP network doctor for details • \$20 per exam. Available as needed 	
Additional Savings		
Additional Lens Enhancements	<ul style="list-style-type: none"> • Average savings of 30% on enhancements including tints, UV protection, scratch-resistant coating, anti-glare coating and more • Member discounted rate of \$95 - \$105 for Premium Progressive Lenses and \$150 - \$175 for Custom Progressive Lenses 	
Featured Frames	<ul style="list-style-type: none"> • Extra \$20 allowance on Featured Frame Brands. Only available to VSP members with applicable plan benefits. Frame Brands and promotions are subject to change. Promotions do not apply at Walmart/Sam's Club or Costco® Optical 	
Additional Glasses and Sunglasses	<ul style="list-style-type: none"> • Discover all current eyewear offers and savings at vsp.com/offers • 20% savings on additional prescription or non-prescription glasses and/or sunglasses including lens enhancements from any VSP provider within 12 months of last WellVision Exam® 	
Laser Vision Correction	<ul style="list-style-type: none"> • Average 15%-20% savings. See vsp.com for more information 	
Exclusive Member Extras	<ul style="list-style-type: none"> • Contact lens rebates, lens satisfaction guarantees, and more offers at vsp.com/offers • Save up to 60% on digital hearing aids with TruHearing. Visit vsp.com/offers/special-offers/hearing-aids for details • Everyday savings on health, wellness, and more with VSP Simple Values 	

See reverse side for more information.

Your Coverage with Out-of-Network Providers

Exam	Up to \$45	Lined Bifocal Lenses	Up to \$50	Progressive Lenses	Up to \$50
Frame	Up to \$70	Lined Trifocal Lenses	Up to \$65	Elective Contact Lenses & Fitting/Evaluation Fees	Up to \$105
Single Vision Lenses	Up to \$30	Lenticular Lenses	Up to \$100	Necessary Contact Lenses	Up to \$210

Items Not Covered

The following items are excluded unless otherwise stated in the Benefits Summary: plano lenses (refractive correction of less than $\pm .50$ diopter); two pairs of glasses instead of bifocals; replacement of lenses, frames, or contacts, except at the normal intervals when services are otherwise available; medical or surgical treatment; orthoptics, vision training or supplemental testing; local, state and/or federal taxes, except where VSP is required by law to pay.

Items not covered under contact lens coverage: insurance policies or service agreements; artistically painted or non-prescription lenses; fitting and evaluation fees for corneal refractive therapy, orthokeratology, and myopia management; re-fitting of contact lenses after the initial (90-day) fitting period; additional office visits for contact lens pathology; contact lens modification, polishing or cleaning.

Dependent Coverage

Dependent children are covered through the end of the month that they turn age 26.

Notice of Nondiscrimination and Accessibility Policy

Delta Dental of Rhode Island does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Español (Spanish): ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.

Llame al 1-800-843-3582.

Português (Portuguese): ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis.

Ligue para 1-800-843-3582.

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Coverage with a retail chain may be different or not apply.

VSP guarantees member satisfaction from VSP providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business. TruHearing is not available directly from VSP in the states of California and Washington.