

	DeltaVision 150 LC	DeltaVision 150 Plus with EasyOptions	DeltaVision 200 LC	DeltaVision 200 Plus with EasyOptions
Benefit frequency				
Exams & lenses every	12 Months			
Frames every	24 Months	12 Months	24 Months	12 Months
Contacts every (instead of glasses)	12 Months			
Copays				
WellVision Exam [®]	\$10			
Prescription glasses	\$25	\$10	\$25	\$10
Elective contact lens exam (fitting and evaluation)	Up to \$60			
In-network allowances				
Retail frame value (Included in prescription glasses copay)	\$150 \$150 Walmart/Sam's Club frame allowance \$80 Costco Frame Allowance; 20% Savings on amount over allowance		\$200 \$200 Walmart/Sam's Club frame allowance \$110 Costco Frame Allowance; 20% Savings on amount over allowance	
Lenses (Included in prescription glasses copay)	Single vision, lined bifocal, lined trifocal and lenticular lenses			
Covered lens enhancements	Polycarbonate lenses for children, standard progressive lenses			
Elective contact lenses (instead of glasses)	\$150		\$200	
Extra discounts and savings				
VSP LightCare [™] **	Use your frame and lens benefit to get non-prescription eyewear from your VSP [®] network doctor.			
Lens enhancement (Member cost) (Average savings of 30% on other enhancements)	Premium Progressive: \$95 - \$105; Custom Progressive: \$150 - \$175; Anti-reflective coating: \$41 - \$85 Photochromic: \$75; Tints: \$15 - \$17 (plastic only); Scratch Resistant Coating: \$17			
Additional glasses and sunglasses	20% savings on additional prescription and non-prescription glasses/sunglasses, including lens enhancements, from any VSP provider within 12 months of last WellVision Exam			
Retinal screening	Max \$39 copay on routine retinal screening as an enhancement to a WellVision Exam			
EasyOptions*				
Flexible upgrade (with prescription from VSP in-network provider)	N/A	*Choose one at no cost: An additional \$100 frame allowance, or fully covered premium or custom progressive lenses, or fully covered light-reactive lenses, or fully covered anti-glare coating, or an additional \$50 elective contact lens allowance.	N/A	*Choose one at no cost: An additional \$100 frame allowance, or fully covered premium or custom progressive lenses, or fully covered light-reactive lenses, or fully covered anti-glare coating, or an additional \$50 elective contact lens allowance.

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

Essential Medical Eye Care

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. Copay \$20; Coordination with your medical coverage may apply. Ask your VSP network doctor for details. Available as needed.

VSP LightCare™**

\$150 or \$200 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts. Frequency, Allowance and Copay to follow elected plan selected.

Coverage with out-of-network providers (copays apply)

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 - up to \$105
Single Vision Lenses - up to \$30	Lenticular Lenses - up to \$100	Necessary Contact Lenses - up to \$210

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

*Lens enhancements are not covered through an out-of-network provider.

** This benefit cannot be used at Walmart or Sam's Club.