

**Delta Vision
Rate Card**

Plan ID	Essential	Brilliance
Network	VSP Choice Network	VSP Choice Network
Exam/lens/frame frequency (months)	12/12/24	12/12/12
Contacts (in lieu of glasses)	12	12

In-network coverage

Exam copay	\$10	\$10
Materials copay	\$25	\$10
Frame allowance	\$130 \$70 Walmart/Sam's Club and Costco frame allowance	\$150 \$80 Walmart/Sam's Club and Costco frame allowance
Elective contact lens allowance	\$130	\$150
Necessary contact lenses	Covered in full after copay	Covered in full after copay
Contact lens fit/eval copayment	\$60	\$60
Both frames and contacts in same year (in-network and out-of-network)	No; allows contacts in lieu of frames	No; allows contacts in lieu of frames

Out-of-network allowances

Examination, up to:	\$45	\$45
Single vision lenses, up to:	\$30	\$30
Bifocal lenses, up to:	\$50	\$50
Trifocal lenses, up to:	\$65	\$65
Progressive lenses, up to:	\$50	\$50
Lenticular lenses, up to:	\$100	\$100
Frames, up to:	\$70	\$70
Elective contact lenses, up to:	\$105	\$105
Necessary contact lenses, up to:	\$210	\$210

Lens enhancements (members costs) *

Anti-glare coating	\$41 single/\$41 multifocal	\$41 single/\$41 multifocal
Impact-resistant lenses - adult	\$31 single/\$35 multifocal (covered for children)	\$31 single/\$35 multifocal (covered for children)
Progressive lenses	Standard progressive lenses are covered	Standard progressive lenses are covered
Light-reactive lenses	\$75 single vision/\$75 multifocal	\$75 single vision/\$75 multifocal
Scratch-resistant coating	\$17 single vision/\$17 multifocal	\$17 single vision/\$17 multifocal

*Prices shown reflect the standard plastic price for each respective category. Premium lens enhancement prices may vary. Prices may vary and are valid only through VSP Choice Network Providers and are subject to change without notice.

Dependent Age Limit	27	27
	Monthly Rates	Monthly Rates
Contract Tier		
Employee	\$5.52	\$8.32
Employee & Spouse	\$10.98	\$16.57
Employee & Child(ren)	\$11.58	\$17.48
Family	\$19.86	\$30.05