

## Vision Insurance by VSP through Delta Dental

VSP Vision Insurance covers eye exams, prescription lenses and frames, and contact lenses. For a complete list of covered services, see the Summary Plan Description. To search for providers, you can go to [www.vsp.com/eye-doctor](http://www.vsp.com/eye-doctor) or call Customer Service toll free at 800.877.7195.

Coverage Tier	Employee Per-Pay Premium Rate	
<input type="checkbox"/> Employee Only <input type="checkbox"/> Employee + Spouse <input type="checkbox"/> Employee + Children <input type="checkbox"/> Family	\$1.41	\$12.49
Frequency <input type="checkbox"/> Exam <input type="checkbox"/> Frames <input type="checkbox"/> Lenses and Contact Lenses	12 Months	12 Months
	24 Months	
	12 Months	
Features	In-Network	Out-of-Network
Eye Exam	\$10 copay	Plan pays up to \$45
Contact Lens <input type="checkbox"/> Fitting and Follow-up	Up to \$60	No discount available for out-of-network providers
Frames	Retail \$130 allowance, with an extra \$20 allowance on featured designer brands for frames. 20% savings on any amount above the retail allowance.	Plan pays up to \$70
Standard Lenses Single Vision Bifocal (lined) Trifocal (lined) Lenticular	Single vision, lined bifocal, lined trifocal, or lenticular lenses are Covered in Full after the material cop-pay of \$10. Polycarbonate lenses are covered in full for children after the material co-pay of \$10.	Plan pays up to \$30 Plan pays up to \$50 Plan pays up to \$65 Plan pays up to \$100
Contact Lenses (in lieu of eyeglasses)	\$130 Allowance	Plan pays up to \$105
Medically Necessary	Covered in full after co-pay	Plan pays up to \$210