

## Product Comparison

### In-Network Coverage with VSP Choice Network: 45,000 Preferred Providers | 117,000 Access Points

	DeltaVision – 130	DeltaVision – 150	DeltaVision – 150+	DeltaVision – 175
FREQUENCY OF SERVICES				
Exam   Lens   Frame	Once every 12   12   24 months		Once every 12   12   12 months	
Contacts (instead of glasses)	Once every 12 months			
COPAYMENTS				
WellVision® Exam	\$10			
Glasses (includes frames and/or lenses)	\$25			\$10
Contact Lens Fitting & Evaluation	Up to \$60			
IN-NETWORK ALLOWANCES				
Frames	\$130	\$150		\$175
Frames at Costco® Optical	\$70	\$80		\$95
Contacts (copay does not apply)	\$130	\$150		\$175
VALUE-ADDED PROGRAMS				
VSP Essential Medical Eye Care Program	<ul style="list-style-type: none"><li>Exams and services to treat immediate issues like pink eye and sudden changes in vision</li><li>Treatment options to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more</li><li>Members with diabetes who do not have diabetic eye disease receive full retinal screening at no cost. Members with diabetic eye disease, glaucoma, and age-related macular degeneration (AMD) receive additional exams and services with \$20 copay. Limitations and coordination with medical coverage may apply. Ask your VSP network doctor for details</li></ul>			

### Extra Savings

<b>Additional Lens Enhancements</b>	<ul style="list-style-type: none"> <li>Average savings of 30% on enhancements including tints, UV protection, scratch-resistant coating, anti-glare coating and more</li> <li>Discount rate for Premium Progressive Lenses: \$95-\$105; Custom Progressive Lenses: \$150-\$175</li> </ul>
<b>Featured Frames</b>	<ul style="list-style-type: none"> <li>Extra \$20 allowance on featured brands like bebe®, Calvin Klein, Flexon®, Lacoste, Nike, and more. Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change. Not applicable at Costco® Optical. Ask your VSP network doctor for more details</li> </ul>
<b>Additional Glasses and Sunglasses</b>	<ul style="list-style-type: none"> <li>20% savings on additional prescription or non-prescription glasses and/or sunglasses from any VSP provider within 12 months of last WellVision Exam</li> </ul>
<b>Laser Vision Correction</b>	<ul style="list-style-type: none"> <li>Average 15%-20% savings. See VSP.com for more information</li> </ul>
<b>TruHearing®<sup>1</sup></b>	<ul style="list-style-type: none"> <li>Save up to 60% on the latest brand-name hearing aids. Visit TruHearing.com/VSP or call 877.396.7194 for more information</li> </ul>

See reverse side for more information.

**Your Coverage with Out-of-Network Providers:**

Exam	Up to \$55	Lined Bifocal Lenses	Up to \$50	Progressive Lenses	Up to \$50
Frame	Up to \$70-\$75	Lined Trifocal Lenses	Up to \$65	Elective Contact Lenses & Fitting/Evaluation Fees	Up to \$105-\$140
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; 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 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.

VSP and WellVision Exam are registered trademarks of Vision Service Plan. Flexon is a registered trademark of Marchon Eyewear, Inc. All other brands or marks are the property of their respective owners.

Coverage with a retail chain may be different or not apply. Log in to [vsp.com](http://vsp.com) to check your benefits for eligibility and to confirm in-network locations based on your plan type. VSP guarantees coverage for covered services from VSP network 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.

1 VSP is providing information to its members, but does not offer or provide any discount hearing program. The relationship between VSP and TruHearing is that of independent contractors. VSP makes no endorsement, representations, or warranties regarding any products or services offered by TruHearing, a third-party vendor. The vendor is solely responsible for the products or services offered by them. If you have any questions regarding the services offered here, you should contact the vendor directly.

TruHearing offers individuals the opportunity to purchase hearing aids at discounted prices, including individuals covered by self-funded health plans not subject to state insurance or health plan regulations. TruHearing is not insurance and not subject to state insurance regulations. TruHearing provides discounts to certain healthcare groups for hearing aid sales and services; TruHearing provides fitting, programming, and three adjustment visits at no cost; the member is obligated to pay for testing, and all post-fitting hearing care services, but will receive a discount from those healthcare providers who have contracted with TruHearing. Not available directly from VSP in the states of Washington and California.

DeltaVision® is underwritten in Rhode Island by Altus Dental Insurance Company, an affiliate of Delta Dental of Rhode Island. Claims processing, claims service, and provider network administration are provided under contract by Vision Service Plan Insurance Company ("VSP"). Delta Dental and DeltaVision are registered trademarks of the Delta Dental Plans Association. VSP is a registered trademark of Vision Service Plan.