

### You'll see the difference with DeltaVision®



1 in 4 children need vision correction.<sup>1</sup>





Only 1 in 5 Americans get an annual medical exam.<sup>2</sup> Personalized Care. DeltaVision members receive quality care that focuses on their eyes and overall wellness. Our eye care provider will look for vision problems and signs of other health conditions.

**Eyewear.** Choose eyewear that's right for you and your budget. From classic styles to the latest designer fashions, there are hundreds of options for DeltaVision members.

Value and Savings. DeltaVision members receive great benefits on exams and eyewear at an affordable price.

## **Enroll Today!**





# Delta Dental of Tennessee Delta Vision® Plan 175

Delta Dental has partnered with VSP to provide DeltaVision®. Now you can enjoy the benefits of comprehensive vision care. DeltaVision® offers the same quality coverage, exceptional service, and unparalleled networks you've come to expect from Delta Dental, making it an easy addition to your healthcare network.

#### **DeltaVision 175 Benefits**

WellVision Exam		\$10 Copay
<b>Exams</b> Once every 12 months	Comprehensive eye exam to ensure overall visual wellness	
Prescription Glasses		\$10 Copay
Frames Once every 12 months	<ul><li>\$175 allowance for wide selection of frames</li><li>20% savings on amount over allowance</li><li>\$95 Costco frame allowance</li></ul>	Included in Prescription Glasses Copay
<b>Lenses</b> Once every 12 months	Single vision, lined bifocal and lined trifocal lenses	Included in Prescription Glasses Copay
Covered Lens Enhancements	<ul><li>Polycarbonate lenses for children</li><li>Standard Progressive Lenses</li><li>Standard Anti-Reflective Coating</li></ul>	\$0
Optional Lens Enhancements Average savings of 20-25% on other lens enhancements	<ul> <li>Premium Progressive Lenses</li> <li>Custom Progressive Lenses</li> <li>Tints/Photochromic Adaptive Lenses</li> <li>Scratch Resistant Coating</li> </ul>	<b>Copay Ranges</b> \$95 - \$105 \$150 - \$175 \$15 - \$17 \$17
Contact Lenses - Instead of Glasses		
<b>Contacts</b> Once every 12 months	<ul><li>\$175 allowance for contacts; copay does not apply</li><li>Contact lens exam (fitting and evaluation)</li></ul>	up to \$60
Extra Savings		
Featured Frames	\$195 allowance on featured frame brands. Check vsp.com for current offers.	
Glasses and Sunglasses	20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam	
Retinal Screening	No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam	
Value Added Programs		
Included	Primary Eyecare, Eye Health Management (including Diabetic Exam Reminder Letters)	

### Your coverage with Out-of-Network Providers

- Exam up to \$45
- Frame up to \$70
- Single Vision Lenses up to \$30
- Lined Bifocal Lenses up to \$50
- Lined Trifocal Lenses up to \$65
- Lenticular Lenses up to \$100
- Progressive Lenses up to \$50
- Contacts up to \$105
- Necessary Contact Lenses up to \$210

To learn more about DeltaVision® plans visit DeltaDentalTN.com/DeltaVision