



Introducing DeltaVision[®] administered by VSP[®]

Delta Dental of North Carolina is committed to the health and happiness of your employees. That’s why we’ve partnered with VSP[®] Vision Care to offer DeltaVision[®], because your employees and their families deserve VSP[®].

Quality benefits, biggest network. Your employees have the freedom to choose the provider that’s right for them. VSP has 109,000 access points, including the largest national network of independent doctors and over 5,000 retail chain locations.

DeltaVision Basic 130	
Benefit Frequency	
Exam every:	12 Months
Lenses every:	12 Months
Frame every:	24 Months
Contacts (in lieu of glasses):	12 Months
Copayments	
Exam:	\$10
Materials:	\$25
In-Network Allowances	
Frame Allowance	\$130
Elective Contact Lens Allowance	\$130
Covered Lens Enhancements	<p>Single, lined bifocal, lined trifocal or lenticular covered in full less any applicable copayment</p> <p>Impact-resistant lenses are covered in full for dependent children</p> <p>Standard progressive lenses covered in full</p>



DeltaVision Basic 130

Extra Discounts and Savings

Diabetic Eyecare Plus Program SM	<ul style="list-style-type: none"> • Retinal screenings for members with diabetes • Additional exams and services for members with diabetic eye disease, glaucoma, or age-related macular degeneration. Limitations and coordination with your medical coverage may apply. Ask your VSP doctor for details.
Extra savings	<p>Glasses and sunglasses</p> <ul style="list-style-type: none"> • Extra \$20 to spend on featured frame brands. Go to vsp.com/offers for details. • 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam[®].
	<p>Routine retinal screening</p> <ul style="list-style-type: none"> • No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam[®]
	<p>Laser vision correction</p> <ul style="list-style-type: none"> • Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities

Your Coverage with Out-of-Network Providers

Get the most out of your benefits and greater savings with a VSP network doctor. Call Member Services for out-of-network plan details.

Exam	up to \$45	Lined trifocal lenses	up to \$65
Frame	up to \$70	Progressive lenses	up to \$50
Single vision lenses	up to \$30	Contacts	up to \$85
Lined bifocal lenses.....	up to \$50		

Monthly Rates (employer-paid / voluntary)

Employee only	\$5.29
Employee + spouse	\$10.57
Employee + child(ren)	\$11.32
Family	\$18.09

VSP Choice Network
109,000 access points – in-network with Costco, Walmart/Sam’s Club

deltadentalinc.com/deltavision

