

	DeltaVision® - 150	DeltaVision® - 150 Plus
Benefit frequency		
Exams & lenses every		12 Months
Frames every	24 Months	12 Months
Contacts every (instead of glasses)		12 Months
Copays		
WellVision Exam®		\$10
Prescription glasses	\$25	\$10
Contact lens exam (fitting and evaluation)		Up to \$60
In-network allowances		
Retail frame value (Included in prescription glasses copay)		\$150 \$80 Costco Frame Allowance; 20% Savings on amount over allowance
Lenses (Included in prescription glasses copay)		Single vision, lined bifocal and lined trifocal lenses
Covered lens enhancements		Polycarbonate lenses for children, standard progressive lenses
Contact lenses (instead of glasses)		\$150
Extra discounts and savings		
Lens enhancement (Member cost) (Average savings of 30% on other enhancements)		Premium Progressive: \$95 - \$105; Custom Progressive: \$150 - \$175 Photochromic: \$75; Tints: \$15 - \$17 (plastic only); Scratch Resistant Coating: \$17
Additional glasses and sunglasses		20% savings on additional prescription and non-prescription glasses/sunglasses, including lens enhancements, from any VSP provider within 12 months of last WellVision Exam
Retinal screening		Max \$39 copay on routine retinal screening as an enhancement to a WellVision Exam
Diabetic Eyecare Plus ProgramSM		
Provides additional services for members with diabetic eye disease, glaucoma, and age-related macular degeneration (AMD), including retinal screening for eligible members with diabetes. Copay \$20; limitations and coordination with medical coverage may apply.		
Coverage with out-of-network providers (copays apply)		
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

SG Vision Plan Comparison/Producers 012020