

Plan comparison

In Partnership with VSP*	DeltaVision® - 150	DeltaVision® - 150 Plus
Benefit frequency	· · · · · · · · · · · · · · · · · · ·	
Exams & lenses every	12 Months	
Frames every	24 Months	12 Months
Contacts every (in lieu 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 (In lieu of glasses)	\$150	
Extra discounts and savings		
Lens enhancement (Member cost) (Average savings of 20% - 25% on other enhancements)	Premium Progressive: \$95 - \$105 ; Custom Progressive: \$150 - \$175 Photochromic: \$70 - \$82; Tints: \$15 - \$17; Scratch Resistant Coating: \$17	
Additional glasses and sunglasses	20% savings on additional glasses and non-prescription 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 program		
	etic eye disease, glaucoma, and age-related macular c ons and coordination with medical coverage may app	
Coverage with out-of-network providers (copays a	pply)	
Exam - up to \$45	Lined Bifocal Lenses - up to \$50	Progressive Lenses - up to \$50

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Contacts - up to \$105

Necessary Contact Lenses - up to \$210



Lined Trifocal Lenses - up to \$65

Lenticular Lenses - up to \$100

Single Vision Lenses - up to \$30

Frame - up to \$70