

DeltaVision plan options

Delta Dental has partnered with VSP Vision Care—a national leader in vision benefits—to offer an exciting addition to our dental benefits programs. DeltaVision was created exclusively for our Delta Dental groups to broaden the scope of services we can provide to your company. Should you choose DeltaVision, you will receive best-in-class customer service from Delta Dental and VSP in addition to one-stop administration and support for both your dental and vision products.

DeltaVision 130	CMURC Plan DeltaVision 150	DeltaVision 180
The DeltaVision 130 plan is an excellent base-level vision plan that offers affordable vision exams and copays for prescription glasses, as well as a \$130 allowance for frames or elective contact lenses.	The DeltaVision 150 plan offers the same great benefits and perks of the DeltaVision 130 plan, plus more—featuring a \$150 allowance for frames or elective contact lenses.	The DeltaVision 180 plan, our richest plan level, offers the same benefits as DeltaVision 150, but with a \$180 allowance. Additionally, the enhanced plan has no copayment on exams and materials.

	CMURC Plan					
	DeltaVision 130 Standard	DeltaVision 130 Enhanced	DeltaVision 150 Standard	DeltaVision 150 Enhanced	DeltaVision 180 Standard	DeltaVision 180 Enhanced
Exam/lens/frame frequency (months)	12/12/24	12/12/12	12/12/24	12/12/12	12/12/12	12/12/12
Contacts (instead of glasses) frequency (months)	12	12	12	12	12	12

In-network coverage¹

	DeltaVision 130 Standard	DeltaVision 130 Enhanced	DeltaVision 150 Standard	DeltaVision 150 Enhanced	DeltaVision 180 Standard	DeltaVision 180 Enhanced
Exam copay	\$10	\$10	\$10	\$10	\$10	\$0
Materials copay	\$25	\$25	\$25	\$10	\$10	\$0
Single vision, lined bifocal, lined trifocal or lenticular lenses	Covered in full after copay					
Frames allowance	\$130	\$130	\$150	\$150	\$180	\$180
Elective contact lenses allowance	\$130	\$130	\$150	\$150	\$180	\$180
Necessary contact lenses	Covered in full after copay	Covered in full				
Contact lens fit and evaluation copay	Up to \$60					

Rates (up to 1,000 enrolled subscribers)

3 tier

	DeltaVision 130 Standard	DeltaVision 130 Enhanced	DeltaVision 150 Standard	DeltaVision 150 Enhanced	DeltaVision 180 Standard	DeltaVision 180 Enhanced
Employee only	\$6.41	\$9.32	\$6.74	\$11.35	\$13.13	\$15.07
Employee + one dependent	\$12.84	\$18.64	\$13.48	\$22.69	\$26.25	\$30.12
Employee + two or more dependents	\$20.68	\$33.46	\$21.72	\$36.57	\$42.29	\$48.53

4 tier

	DeltaVision 130 Standard	DeltaVision 130 Enhanced	DeltaVision 150 Standard	DeltaVision 150 Enhanced	DeltaVision 180 Standard	DeltaVision 180 Enhanced
Employee only	\$6.41	\$9.32	\$6.74	\$11.35	\$13.13	\$15.07
Employee + spouse	\$12.84	\$18.64	\$13.48	\$22.69	\$26.25	\$30.12
Employee + child(ren)	\$13.74	\$19.97	\$14.43	\$24.30	\$28.11	\$32.27
Employee + spouse + child(ren)	\$21.96	\$31.88	\$23.06	\$38.82	\$44.91	\$51.55



Scan this QR code or visit qrco.de/DD-DV-MI-RATES for additional plan options and rates.

More information on reverse side.



Out-of-network allowances

Exam	Up to \$45
Single vision lenses	Up to \$30
Bifocal lenses	Up to \$50
Trifocal lenses	Up to \$65
Progressive lenses	Up to \$50
Lenticular lenses	Up to \$100
Frames	Up to \$70
Elective contact lenses	Up to \$105
Necessary contact lenses	Up to \$210

Most popular lens enhancements (member cost)²

Lens enhancements are available at the following flat rates, saving members 30% on average.

	Single	Multifocal
Standard anti-reflective coating	\$41	\$41
Premium anti-reflective coating	\$68	\$68
Custom anti-reflective coating	\$85	\$85
Polycarbonate lenses (adult)	\$35	\$35
Polycarbonate lenses (child)	Covered	Covered
Standard progressive lenses	N/A	Covered
Premium progressive lenses	N/A	\$95 or \$105
Custom Progressive lenses	N/A	\$150 or \$175
Photochromic lenses	\$75	\$75
Scratch resistant coating	\$17	\$17

Additional savings³

Frames discount over allowance	An extra \$20 allowance on Featured Framed Brands for frames.
Additional pair	20% savings on unlimited additional pairs of prescription glasses and/or nonprescription sunglasses from any VSP network provider within 12 months of exam.
LASIK	Average of 15% off the regular price; discounts available at contracted facilities. Discounts only available from contracted facilities.
Retinal imaging	Routine retinal screening covered after a maximum copay of \$39.
Essential Medical Eye Care	Retinal imaging for members with diabetes covered-in-full. Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more. Coordination with your medical coverage may apply. Ask your VSP network doctor for details.
Low vision	Pre-approved low-vision supplemental testing covered every two years. 75% coverage for approved low-vision aids, up to \$1,000 (less any amount paid for supplemental testing) every two years.
Eyeconic®	Go to eyeconic.com for an easy-to-use, convenient online eyewear option that integrates with your in-network benefits.
TruHearing	Save up to 60% on digital hearing aids with TruHearing. Visit vsp.com/offers/special-offers/hearing-aids for details. ⁴

Scan the QR code to view the FAQs or visit bit.ly/3ogsz1q



Choose DeltaVision and offer your groups better choices, smarter savings and the best care.

See the difference. Contact your Delta Dental sales representative today.



For underwriting responsibilities please scan the QR code or visit www.deltadentalmi.com/DeltaVision-footnotes

DeltaVision plans are administered by VSP® Vision Care, which performs certain services, including claims processing, customer service and provider network administration for DeltaVision products.

DeltaVision is a registered trademark of the Delta Dental Plans Association.

Michigan DeltaVision insurance plans are underwritten by Renaissance Life & Health Insurance Company of America in partnership with VSP® Vision Care, which performs claims processing, customer service and provider network administration for DeltaVision products.