

Group Vision Plans

Delta Dental of New Jersey
Delta Dental of Connecticut



Why choose DeltaVision[®]?

What's important to you is important to Delta Dental and VSP.

Delta Dental has partnered with VSP[®] Vision Care — a national leader in vision benefits — to offer DeltaVision, a robust set of national vision plans created exclusively for our Delta Dental customers. VSP is well-known for their best-in-class vision programs, making them the ideal complement to our dental program.

DeltaVision can be offered as a standalone plan. However, when paired with Delta Dental benefits, members enjoy two great programs in one convenient and affordable package. Plus, two of the vision plans include an enhanced feature: the ability to get both glasses and contacts in the same year.

Here's how DeltaVision benefits you:

- **The nation's largest eye doctor network.** You can easily take full advantage of their benefits and in-network savings.
- **Innovative benefit programs.** Including discounts on LASIK, additional pairs of glasses, support for heavy screen time users, and more.
- **World-class customer service.** VSP consistently earns a 99% satisfaction rating from members.

- **Supports overall health and wellness.** Both dental and vision benefits encourage people to look after their health. Dentists and eye doctors are both trained to detect early signs of many conditions, which can lead to earlier intervention and better overall health.

Flexible, quality benefits with the award-winning customer service you have come to expect — that's DeltaVision.



See what else DeltaVision offers.

More choice.

From private practice doctors to popular retail stores, VSP offers more eye care choices, empowering you to pick the care that's right for you.

- Largest doctor network of any vision carrier.¹
- 137,000 access points nationwide, including private practices and retail stores like Walmart, Sam's Club, and Costco[®].
- Participating VSP network doctors conveniently located in retail, neighborhood, medical, and professional settings.
- Out-of-network allowances for exams, lenses, frames, and contact lenses.

More savings.

Low out-of-pocket cost is often a top priority for consumers choosing a vision plan. Here's what you can expect with a DeltaVision plan:

- Lowest out-of-pocket costs on exams and lenses.²
- Savings up to 30% off retail costs on lens enhancements (covered-in-full after a copay).
- Both wholesale and retail frame allowances.
- Savings on a wide selection of frame brands and lens enhancements, including anti-glare and scratch-resistant coatings, light-reactive lenses, and impact-resistant (ultra-durable and lightweight) lenses.
- Full coverage on impact-resistant lenses for children.
- Generous allowances for new and replacement contact lenses.

More value you won't find anywhere else.

- Additional coverage for members with diabetic eye disease, glaucoma, or age-related macular degeneration.
- Highest customer service rating in the industry.
- Discounts on frames, additional pairs of glasses, LASIK, retinal screening, TruHearing[®] hearing aids, and more.
- Access to Eyeconic[®] (eyeconic.com), the in-network online store, which offers convenient online eyewear and integrates directly with your vision benefits.
- Most in-network vision providers offer early morning, evening, and weekend appointments.
- 24-hour access to emergency care.
- Exclusive [One&Sun™](#) add-on benefit—designer sunglasses at no additional cost just for getting an annual eye exam.





Administered by VSP®

DeltaVision products

We offer robust plans with a variety of copay options, allowances, and frequencies to fit any need. Plus, superior network access ensures you receive the benefits you want, when you want them. We're committed to meeting and exceeding your expectations by delivering the best value, choices, and service. It's our Member Promise³ — you are happy, or we'll make it right. No hassles, no excuses.

DeltaVision plans

Essential

The DeltaVision Essential Plan offers affordable vision exams and prescription glasses copays, as well as a \$130 frame or elective contact lenses allowance. Combine that with special offers only available through VSP, and you have a vision plan you will love.

Brilliance

The DeltaVision Brilliance Plan offers the same great benefits and perks of the Essential Plan, plus more. It features a \$150 allowance for frames or elective contact lenses. This is a great choice for those who like the Essential Plan design but want to replace their frames and/or lenses every year.

LightCare Brilliance

The LightCare Brilliance Plan includes a \$200 frame allowance and \$150 elective contact lenses allowance. Designed to appeal to lifestyle-focused members, this plan offers flexibility for non-prescription eyewear needs, allowing members to use their lens and frame benefits to purchase ready-made, non-prescription sunglasses or blue light-filtering glasses.

Premium

The DeltaVision Premium Plan offers a step up in benefits coverage. There's no copay for exams, plus the allowance for frames or elective contact lenses increases to \$175.

Elite

The DeltaVision Elite Plan caters to professionals and students with high screen time by including a Computer VisionCareSM rider, offering eyewear specifically designed to optimize vision and help combat the symptoms of digital eyestrain.

Platinum

The DeltaVision Platinum Plan offers all the same benefits as Premium, but with a \$200 allowance each for glasses and elective contact lenses in the same year.

Ultimate

The DeltaVision Ultimate Plan offers a top-tier, hassle-free option with \$0 copays and our highest frame and elective contact lenses allowances—\$250 each. It's for members who want the freedom to choose exactly what they want without budget constraints.

Plan	Essential	Brilliance	LightCare Brilliance
Overview	Offers affordable vision exams and prescription glasses copays	Features a \$150 allowance for frames or elective contact lenses, plus a 12/12/12 frequency	Includes flexibility for ready-made non-prescription eyewear with a \$200 frame allowance
Frequency (months)			
Exam/lenses/frames	12/12/24	12/12/12	12/12/24
Contacts	12 (instead of glasses)	12 (instead of glasses)	12 (instead of glasses)
In-network coverage			
Exam copay	\$10	\$10	\$10
Materials copay	\$25	\$10	\$10
Frame allowance	\$130 (includes Walmart/Sam's Club) ⁴ \$70 Costco ⁴	\$150 (includes Walmart/Sam's Club) ⁴ \$80 Costco ⁴	\$200 (includes Walmart/Sam's Club) ⁴ \$110 Costco ⁴
Elective contact lenses allowance	\$130	\$150	\$150
Necessary contact lenses	Covered-in-full after copay	Covered-in-full after copay	Covered-in-full after copay
Contact lens fit/evaluation copay	Up to \$60	Up to \$60	Up to \$60
Both glasses and contacts in same year (in-network and out-of-network)	No; allows contacts instead of frames	No; allows contacts instead of frames	No; allows contacts instead of frames
Computer VisionCareSM	No	No	No
LightCare Enhancement	No	No	\$200 frame allowance can be applied to non-prescription sunglasses or blue light-filtering glasses (instead of prescription glasses or contacts)

Plans continue on next page

Plan	Premium	Elite	Platinum	Ultimate
Overview	No copay for exams, plus \$175 frames or elective contact lenses allowance	Includes additional coverage for computer eyewear optimized for viewing content on screens	All the same benefits as Premium with a \$200 allowance for both glasses and elective contact lenses	Top-tier, hassle-free option built on the Platinum chassis with \$0 copays and the highest frame and contact lenses allowances

Frequency (months)				
Exam/lenses/frames	12/12/12	12/12/12	12/12/12	12/12/12
Contacts	12 (instead of glasses)	12 (instead of glasses)	12	12

In-network coverage				
Exam copay	\$0	\$0	\$0	\$0
Materials copay	\$0	\$0	\$0	\$0
Frame allowance	\$175 (includes Walmart/Sam's Club) ⁴ \$95 Costco ⁴	\$175 (includes Walmart/Sam's Club) ⁴ \$95 Costco ⁴	\$200 (includes Walmart/Sam's Club) ⁴ \$110 Costco ⁴	\$250 (includes Walmart/Sam's Club) ⁴ \$150 Costco ⁴
Elective contact lenses allowance	\$175	\$150	\$200	\$250
Necessary contact lenses	Covered-in-full	Covered-in-full	Covered-in-full	Covered-in-full
Contact lens fit/evaluation copay	Up to \$60	Up to \$60	Up to \$60	Up to \$60
Both glasses and contacts in same year (in-network and out-of-network)	No; allows contacts instead of frames	No; allows contacts instead of frames	Yes; \$200 for each benefit	Yes; \$250 for each benefit ⁵
Computer VisionCareSM	No	\$90 retail frame allowance (in addition to the standard frame allowance)	No	No
LightCare Enhancement	No	\$175 frame allowance can be applied to non-prescription sunglasses or blue light-filtering glasses (instead of prescription glasses or contacts)	No	No

Out-of-network allowances (in addition to in-network copays)

Examination	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

Lens enhancements⁵
Member cost

Anti-glare coating	\$41 single / \$41 multifocal
Impact-resistant lenses – adult	\$35 single / \$35 multifocal (covered-in-full for children)
Progressive lenses	Standard progressive lenses are covered-in-full
Light-adaptive lenses	\$75 single / \$75 multifocal
Scratch-resistant coating	\$17 single / \$17 multifocal


See the difference with DeltaVision.

Vision care isn't just about seeing clearly. It's about supporting overall health, improving productivity, and reducing long-term healthcare costs.

Questions about your DeltaVision plan? Call **VSP's Customer Service** at 800-877-7195.

Additional savings	
Frames discount over allowance ⁶	An extra \$20 allowance on Featured Frame Brands. ⁷ 20% savings on any amount above the retail allowance.
Additional pair ⁶	20% savings on unlimited additional pairs of prescription glasses and/or nonprescription sunglasses from any VSP network provider within 12 months of exam.
LASIK ⁶	Average 15% off the regular price, or 5% off the promotional price; discounts only available from contracted facilities.
Retinal screening ⁶	Routine retinal screening covered for a maximum fee of \$39.
Lens coverage ⁶	Glass or plastic single vision, lined bifocal, lined trifocal, or lenticular lenses are covered-in-full. ⁸
Essential Medical Eye Care	Retinal imaging for members with diabetes covered-in-full. Additional exams and services beyond routine care to treat immediate issues such as pink eye or to monitor ongoing conditions like high blood pressure, diabetes, and more. Coordination with your medical coverage may apply. Ask your VSP network doctor for details. Available as needed. \$20 per exam.
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 ^{®6}	Go to Eyeconic.com ^{®6} for an easy-to-use, convenient online eyewear option.
TruHearing ^{®6}	Save up to 60% on hearing aids and batteries. Visit TruHearing.com/VSP or call 877-396-7194 for more information. ⁹





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Disclaimers and exclusions

¹ VSP network and competitor data, Network360, June 2025

² VisionWatch Survey, The Vision Council, 2018–2020

³ The VSP® Member Promise guarantees complete member satisfaction with services received from a VSP network doctor.

⁴ In-network status of the optometrist performing the exam may vary at participating retail chains. Please contact VSP and/or the optometrist at the retail location to verify network participation status before receiving services.

⁵ Prices shown reflect the standard plastic price for each respective category. Premium lens enhancement prices may vary. Prices may vary and are valid only through VSP Choice Network Providers and are subject to change without notice.

⁶ In-network only.

⁷ Frame brands and promotion subject to change. Only available to VSP members with applicable plan benefits. Only available at in-network locations. Members who participate in a Medicaid/state-funded plan are not eligible.

⁸ Covered-in-full materials and services are less any applicable copay. Based on applicable laws, benefits and savings may vary by location. Benefits may also vary at participating retail chains. Promotions like rebates are continually evaluated and subject to change without notice. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.

Promotions and Featured Frame Brands do not apply at Costco® Optical, Walmart, Sam's Club and other participating retail chains.

In-network status of the optometrist performing the exam may vary at participating retail chains. Please contact VSP and/or the optometrist at the retail location to verify network participation status before receiving services.

The following items are excluded under this plan: plano lenses (lenses with refractive correction of less than $\pm .50$ diopter); two pairs of glasses instead of bifocals; replacement of lenses, frames, or contacts; medical or surgical treatment; orthoptics; vision training or supplemental testing.

⁹ VSP is providing information to its members, but does not offer or provide any discount hearing program. VSP makes no endorsement, representations or warranties regarding any products or services offered by TruHearing®, a third-party vendor. TruHearing is not insurance and not subject to state insurance regulations. For additional information, please visit vsp.com/offers/special-offers/hearing-aids/truhearing. For questions, contact TruHearing directly. Not available directly from VSP in the states of Washington and California.

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Complete details of your program appear in the group contract between your plan sponsor and Delta Dental of Connecticut, Inc., which governs the benefits and operation of your program. The group contract would control if there should be any inconsistency or difference between its provisions and the information in this document. Claims processing, claims service, and provider network administration for DeltaVision® are provided under contract by VSP. DeltaVision® and Delta Dental are registered trademarks of the Delta Dental Plans Association.

DeltaVision® insurance plans are underwritten by Delta Dental of Connecticut, Inc. VSP, Inc. performs claims processing, customer service, and provider network administration for DeltaVision® products. Delta Dental of Connecticut, Inc. is a licensed insurer in Connecticut that markets and sells dental and vision coverage on an insured basis in that state and is licensed in New Jersey to market and sell vision coverage. Its ultimate parent company, Delta Dental of New Jersey, Inc., is a licensed dental service corporation in the State of New Jersey.

