

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) ¹ \$70 Costco ^{®1}	\$150 (includes Walmart/Sam's Club) ¹ \$80 Costco ¹	\$200 (includes Walmart/Sam's Club) ¹ \$110 Costco ¹
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)



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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) ¹ \$95 Costco ¹	\$175 (includes Walmart/Sam's Club) ¹ \$95 Costco ¹	\$200 (includes Walmart/Sam's Club) ¹ \$110 Costco ¹	\$250 (includes Walmart/Sam's Club) ¹ \$150 Costco ¹
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 ²
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



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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 enhancements²

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

Questions? Looking for a quote?

Call your Delta Dental Sales Executive or call 800-624-2633.



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Additional savings

Frames discount over allowance ³	An extra \$20 allowance on Featured Frame Brands. ⁴ 20% savings on any amount above the retail allowance.
Additional pair ³	20% savings on unlimited additional pairs of prescription glasses and/or nonprescription sunglasses from any VSP network provider within 12 months of exam.
LASIK ³	Average 15% off the regular price, or 5% off the promotional price; discounts only available from contracted facilities.
Retinal screening ³	Routine retinal screening covered for a maximum fee of \$39.
Lens coverage ³	Glass or plastic single vision, lined bifocal, lined trifocal, or lenticular lenses are covered-in-full. ⁵
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 ^{®3}	Go to Eyeconic.com [®] for an easy-to-use, convenient online eyewear option.
TruHearing ^{®3}	Save up to 60% on hearing aids and batteries. Visit TruHearing.com/VSP or call 877-396-7194 for more information. ⁶

One&Sun™ — an exclusive DeltaVision benefit

When eligible DeltaVision members get an annual eye exam, they can claim a pair of designer sunglasses (like Ray-Ban®, Oakley®, Kate Spade® and more) at no additional cost — just for using the vision benefits they already have.

Regular eye exams support healthy habits and can help identify early warning signs of many serious health conditions.

See rate sheet for pricing, and visit [oneandsun.com](https://www.oneandsun.com) to learn more.



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Disclaimers and exclusions

¹ 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.

² 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.

³ In-network only.

⁴ 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.

⁵ 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.

⁶ 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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