



# DeltaVision<sup>1</sup> Pediatric Care Plan

DeltaVision Pediatric Care Plan is a covered-in-full benefit that provides maximum member value through a VSP doctor. DeltaVision Pediatric Care Plan offers a turnkey in-network solution that complies with the Affordable Care Act's prohibition against annual dollar limits and simplifies plan administration.

Benefits through a VSP Network Provider	DeltaVision Pediatric Care
Exam	Once every 12 months
Lenses	Once every 12 months
Frame	Once every 12 months
Frame allowance:	<ul style="list-style-type: none"> <li>Covered-in-full frames from the Otis &amp; Piper Eyewear collection</li> <li>Within 12 months of exam, receive 20% off additional pairs of prescription glasses or non-prescription sunglasses from a VSP doctor</li> </ul>
Elective contact lens allowance (in lieu of prescription glasses):	<ul style="list-style-type: none"> <li>Prescription contact lenses covered with a minimum three-month supply for any of the following modalities:               <ul style="list-style-type: none"> <li>Standard (one pair annually)</li> <li>Monthly (six-month supply)</li> <li>Bi-weekly (three-month supply)</li> <li>Dailies (three-month supply)</li> </ul> </li> <li>Contact lenses are in lieu of frame and lenses</li> <li>Members can choose from any available prescription contact lens material</li> </ul>
Visually necessary contact lenses (in lieu of prescription glasses)	Covered in full for members who have specific conditions for which contact lenses provide better visual correction
<b>VSP Network provider</b>	
Comprehensive WellVision <sup>®</sup> Examination	Covered in full
Contact lens exam (fitting & evaluation)	Standard and Premium fits are covered in full
<b>Lenses - Impact-resistant plastic or glass lenses</b>	
Single vision	Covered in full
Lined bifocal	Covered in full
Lined trifocal	Covered in full
Lenticular	Covered in full
<b>Lens Enhancements<sup>2,3</sup></b>	
Scratch-resistant coating	Covered in full
Ultraviolet coating	Covered in full
Tints and light-reactive coatings are available as additional covered enhancements upon request.	
Additional lens enhancements, covered after copay, save members an average 20 - 25%	

## Low Vision Evaluation and Aids

- Low vision is covered if vision loss is sufficient enough to prevent reading and performing daily activities
- Low vision evaluations and aids are covered in full for eligible enrollees  
*Low vision coverage (Evaluation and/or Aids) available upon request.*

## VSP Laser VisionCare<sup>SM</sup> Program

Discounts average 15-20% off or 5% off a promotional offer for laser surgery, including PRK, LASIK, Custom LASIK, and IntraLase

*Discounts are only available from VSP-contracted facilities. Also custom LASIK coverage only available using wavefront technology with the microkeratome surgical device, other LASIK procedures may be performed at an additional cost to the member.*

### Disclaimers and Exclusions

Based on applicable laws, benefits and savings may vary by doctor location.

The following items are not covered under this plan: two pairs of glasses instead of bifocals; replacement of lenses, frames, or contacts; medical or surgical treatment; orthoptics; vision training or supplemental testing.

The following items are not covered as contact lens benefits: insurance policies or service agreements; Refitting of contact lenses after the initial (90-day) fitting period, artistically painted or non-prescription lenses; additional lens pathology; contact lens modification, polishing or cleaning.

Please read your Schedule of Benefits for details regarding the exclusions and limitations of your coverage. In the event of a conflict between this information and your organization's contract with Delta Dental the terms of the contract will prevail.

<sup>1</sup> In California, DeltaVision is underwritten by Delta Dental of California. Benefits are subject to the terms of the Contract including limitations and exclusions. DeltaVision is administered by Vision Service Plan (VSP).

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