

Subscriber Information

Last Name: Ynzunza First Name: Betty
 Address: 252 Heritage Square Apt. _____
 City: Medina St: TN Zip: 38355
 Effective Date: 05/01/2020 Contract Term: 12 Months
 Benefit Year: 12 months following the effective date Billing ID #: _____

Eligibility Requirements:

- Subscriber must reside in the state of Tennessee.
- The age limit for a Child/Student Dependent is 26 at date of birth.

Monthly Premiums

Subscriber only	\$8.14
Subscriber + 1 dependent	\$16.28
Subscriber + 2 or more dependents	\$26.21

DeltaVision I-150 Benefits

WellVision Exam		\$10 Copay
Exams <i>Once every 12 months</i>	Comprehensive eye exam to ensure overall visual wellness	
Prescription Glasses		\$20 Copay
Frames <i>Once every 12 months</i>	<ul style="list-style-type: none"> \$150 allowance for wide selection of frames 20% savings on amount over allowance \$80 Costco frame allowance 	Included in Prescription Glasses Copay
Lenses <i>Once every 12 months</i>	<ul style="list-style-type: none"> Single vision, lined bifocal and lined trifocal lenses 	Included in Prescription Glasses Copay
Covered Lens Enhancements	<ul style="list-style-type: none"> Polycarbonate lenses for children Standard Progressive Lenses 	\$0
Optional Lens Enhancements <i>Average savings of 20-25% on other lens enhancements</i>	<ul style="list-style-type: none"> Premium Progressive Lenses Custom Progressive Lenses Tints/Photochromic Adaptive Lenses Scratch Resistant Coating 	Copay Ranges \$95 - \$105 \$150 - \$175 \$15 - \$17 \$17
Contact Lenses - instead of Glasses		
Contacts <i>Once every 12 months</i>	<ul style="list-style-type: none"> \$150 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) 	up to \$60
Extra Savings		
Featured Frames	\$170 allowance on featured frame brands. Check vsp.com for current offers.	
Glasses and Sunglasses	20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam	
Retinal Screening	No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam	
Value Added Programs		
Included	Primary Eyecare, Eye Health Management (including Diabetic Exam Reminder Letters)	

Your coverage with Out-of-Network Providers Allowances

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| <ul style="list-style-type: none"> Exam - up to \$45 Frame - up to \$70 Single Vision Lenses - up to \$30 | <ul style="list-style-type: none"> Lined Bifocal Lenses - up to \$50 Lined Trifocal Lenses - up to \$65 Lenticular Lenses - up to \$100 | <ul style="list-style-type: none"> Progressive Lenses - up to \$50 Contacts - up to \$105 Necessary Contact Lenses - up to \$210 |
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