



Flexible & Quality  
Vision Benefits  
That Will Make  
You Smile

**Dental and Vision  
Bundles Starting  
As Low As  
\$18\***

# DeltaVision®

In partnership with VSP®

## Why DeltaVision?

**Members get best-in-class dental and vision benefits in one seamless package... and one bill!** That's a unique advantage you won't find anywhere else. We offer robust and flexible plans with a variety of co-payment options, allowances, and frequencies so you can choose what's right for you.

Plus, with superior network access, including the largest national network of independent doctors and 21,000 retail chain locations, you'll always receive the benefits you want, when and where you need them.

DeltaVision plan features include:

- Low out-of-pocket cost that keeps more money in your pocket
- Wholesale frame pricing
- Exclusive savings on frames and contact lenses
- Early morning and weekend appointments

Clear Benefits & Smart Savings are Always in Focus with DeltaVision.







# Introducing DeltaVision<sup>®</sup> in partnership with VSP<sup>®</sup>



## Clear Benefits and Smart Savings are Always in Focus with DeltaVision<sup>®</sup> 150 Plan

Delta Dental of Colorado and VSP are partnering to bring best-in-class vision benefits to compliment our dental benefits. That means flexible, quality benefits you can sink your teeth into.



### Member Savings & Seamless Service

Members get best-in-class dental and best-in-class vision benefits in one seamless package. That's a unique advantage you won't find anywhere else.



### Provider Choices

DeltaVision provides access to the VSP Network where members have the freedom to choose from more than **109,000 access points**, including the largest national network of independent doctors and **21,000 retail chain locations**.



### Quality Vision Care

Member's get great care from a VSP<sup>®</sup> network doctor, including a WellVision Exam<sup>®</sup>. This comprehensive eye exam not only helps you see well, but helps a doctor detect signs of eye conditions and health conditions, like diabetes and high blood pressure.



### KidsCare

KidsCare (dependent children only): Two exams every calendar year, fully covered after copay.

## A Look at Your DeltaVision 150 Plan Provider Network: VSP Choice

Your Coverage with a VSP Provider			
Benefit	Description	Copay	Frequency
WellVision Exam	<ul style="list-style-type: none"><li>Focuses on your eyes and overall wellness</li><li>KidsCare (dependent children only): Two exams every calendar year, fully covered after copay</li></ul>	\$10	Every calendar year
Prescription Glasses		\$25	See Frame and Lenses
-Frame	<ul style="list-style-type: none"><li>\$170 Featured Frame Brands allowance<ul style="list-style-type: none"><li>\$150 frame allowance</li><li>20% savings on the amount over your allowance</li><li>\$80 Costco® frame allowance</li></ul></li><li>KidsCare (dependent children only): One frame covered every calendar year</li></ul>	Included in prescription glasses	Every other calendar year
-Lenses	<ul style="list-style-type: none"><li>Single vision, lined bifocal, and lined trifocal lenses<ul style="list-style-type: none"><li>Impact-resistant lenses for dependent children</li><li>KidsCare (dependent children only): One additional pair of lenses when needed (minimum prescription change required)</li></ul></li></ul>	Included in prescription glasses	Every calendar year
-Lens Enhancements	<ul style="list-style-type: none"><li>Standard progressive lenses</li><li>Premium progressive lenses</li><li>Custom progressive lenses</li><li>Average savings of 30% on other lens enhancements</li></ul>	\$0 \$95-105 \$150-175	Every calendar year
Contacts (Instead of glasses)	<ul style="list-style-type: none"><li>\$150 allowance for contacts. Copay does not apply</li><li>Contact lens exam (fitting and evaluation)</li></ul>	Up to \$60	Every calendar year
Extra Savings	<b>Glasses and Sunglasses</b> <ul style="list-style-type: none"><li>Extra \$20 to spend on Featured Frame Brands. Go to <a href="https://vsp.com/offers">vsp.com/offers</a> for details.</li><li>20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.</li></ul>		
	<b>Routine Retinal Screening</b> <ul style="list-style-type: none"><li>No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam</li></ul>		
	<b>Laser Vision Correction</b> <ul style="list-style-type: none"><li>Average 15% off the regular price or 5% off the promotional price. Discounts only available from contracted facilities.</li></ul>		
Your Coverage With Out-Of-Network Provider			
Get the most out of your benefits and greater savings with a VSP network doctor. Out-of-network costs are higher and can be found at <a href="https://deltadentalco.com/deltavision">deltadentalco.com/deltavision</a> . VSP Member Services: 1-800-877-7195			
Coverage with a retail chain may be different or not apply. Log in to <a href="https://vsp.com">vsp.com</a> to check your benefits for eligibility and to confirm innetwork locations based on your plan type. VSP guarantees coverage from VSP network providers only. Coverage information is subject to change. In the event of a conflict between this information and Delta Dental of Colorado's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.			

Log in to [vsp.com](https://vsp.com) to find an in-network provider based on your plan type.



# Introducing DeltaVision<sup>®</sup> in partnership with VSP<sup>®</sup>



## Clear Benefits and Smart Savings are Always in Focus with DeltaVision<sup>®</sup> 175 Plan

Delta Dental of Colorado and VSP Vision Care are partnering to bring best-in-class vision benefits to complement our dental benefits. That means flexible, quality benefits you can sink your teeth into.



### Member Savings & Seamless Service

Members get best-in-class dental and best-in-class vision benefits in one seamless package. That's a unique advantage you won't find anywhere else.



### Provider Choices

DeltaVision provides access to the VSP Choice Network where members have the freedom to choose from more than **109,000 access points**, including the largest national network of independent doctors and **21,000 retail chain locations**.



### Quality Vision Care

Members get great care from a VSP network doctor, including a WellVision Exam<sup>®</sup>. This thorough annual eye exam not only helps you see well, but helps a doctor detect signs of eye conditions and health conditions like diabetes and high blood pressure.

## A Look at Your DeltaVision 175 Plan

### Provider Network: VSP Choice

Your Coverage with a VSP Provider			
Benefit	Description	Copay	Frequency
WellVision Exam	<ul style="list-style-type: none"><li>Focuses on your eyes and overall wellness</li></ul>	\$10	Every calendar year
Prescription Glasses		\$25	See Frame and Lenses
-Frame	<ul style="list-style-type: none"><li>\$195 Featured Frame Brands allowance</li><li>\$175 frame allowance</li><li>20% savings on the amount over your allowance</li><li>\$95 Costco® frame allowance</li></ul>	Included in prescription glasses	Every calendar year
-Lenses	<ul style="list-style-type: none"><li>Single vision, lined bifocal, and lined trifocal lenses</li><li>Impact-resistant lenses for dependent children</li></ul>	Included in prescription glasses	Every calendar year
-Lens Enhancements	<ul style="list-style-type: none"><li>Standard progressive lenses</li><li>Premium progressive lenses</li><li>Custom progressive lenses</li><li>Average savings of 30% on other lens enhancements</li></ul>	\$0 \$95-105 \$150-175	Every calendar year
Contacts (Instead of glasses)	<ul style="list-style-type: none"><li>\$175 allowance for contacts. Copay does not apply.</li><li>Contact lens exam (fitting and evaluation)</li></ul>	Up to \$60	Every calendar year
Extra Savings	<b>Glasses and Sunglasses</b> <ul style="list-style-type: none"><li>Extra \$20 to spend on Featured Frame Brands. Go to <a href="https://vsp.com/offers">vsp.com/offers</a> for details.</li><li>20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.</li></ul>		
	<b>Routine Retinal Screening</b> <ul style="list-style-type: none"><li>No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam</li></ul>		
	<b>Laser Vision Correction</b> <ul style="list-style-type: none"><li>Average 15% off the regular price or 5% off the promotional price. Discounts only available from contracted facilities.</li></ul>		
Your Coverage With Out-Of-Network Provider			
Get the most out of your benefits and greater savings with a VSP network doctor. Out-of-network costs are higher and can be found at <a href="https://deltadentalco.com/deltavision">deltadentalco.com/deltavision</a> . VSP Member Services: 1-800-877-7195			
Coverage with a retail chain may be different or not apply. Log in to <b>vsp.com</b> to check your benefits for eligibility and to confirm in-network locations based on your plan type. VSP guarantees coverage from VSP network providers only. Coverage information is subject to change. In the event of a conflict between this information and Delta Dental of Colorado's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.			

Log in to [vsp.com](https://vsp.com) to find an in-network provider based on your plan type.



# Introducing DeltaVision® in partnership with VSP®

## Clear Benefits and Smart Savings are Always in Focus with DeltaVision® 175+EasyOptions Plan

Delta Dental of Colorado and VSP® are partnering to bring best-in-class vision benefits to compliment our dental benefits. That means flexible, quality benefits you can sink your teeth into.



### Member Savings & Seamless Service

Members get best-in-class dental and best-in-class vision benefits in one seamless package. That's a unique advantage you won't find anywhere else.



### Provider Choices

DeltaVision provides access to the VSP Network where members have the freedom to choose from more than **109,000 access points**, including the largest national network of independent doctors and **21,000 retail chain locations**.



### Quality Vision Care

Member's get great care from a VSP network doctor, including a WellVision Exam®. This comprehensive eye exam not only helps you see well, but helps a doctor detect signs of eye conditions and health conditions, like diabetes and high blood pressure.



## A Look at Your DeltaVision 175+EasyOptions Plan

### Provider Network: VSP Choice

Each member on your plan can personalize their benefit with ease. Choose the upgrade that's right for you! Check out the plan grid to see your options.

Your Coverage with a VSP Provider			
Benefit	Description	Copay	Frequency
<b>WellVision Exam</b>	<ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> </ul>	\$10	Every calendar year
<b>Prescription Glasses</b>		<b>\$25</b>	<b>See Frame and Lenses</b>
-Frame	<ul style="list-style-type: none"> <li>\$195 featured frame brands allowance</li> <li>\$175 frame allowance</li> <li>20% savings on the amount over your allowance</li> <li>\$95 Costco® frame allowance</li> </ul>	Included in prescription glasses	Every calendar year
-Lenses	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Impact-resistant lenses for dependent children</li> </ul>	Included in prescription glasses	Every calendar year
-Lens Enhancements	<ul style="list-style-type: none"> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average savings of 30% on other lens enhancements</li> </ul>	\$0 \$95-105 \$150-175	Every calendar year
<b>Contacts (Instead of glasses)</b>	<ul style="list-style-type: none"> <li>\$175 allowance for contacts. Copay does not apply</li> <li>Contact lens exam (fitting and evaluation)</li> </ul>	Up to \$60	Every calendar year
<b>EasyOptions</b>	<ul style="list-style-type: none"> <li>Additional \$100 frame allowance, or</li> <li>Fully covered progressive lenses, or</li> <li>Fully covered light-reactive lenses, or</li> <li>Fully covered anti-glare coating, or</li> <li>Additional \$50 contact lens allowance</li> </ul>	Included in prescription glasses	Every calendar year
<b>LightCare™</b>	<ul style="list-style-type: none"> <li>\$275 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts</li> </ul>	\$25	Every calendar year
<b>Extra Savings</b>	<b>Glasses and Sunglasses</b> <ul style="list-style-type: none"> <li>Extra \$20 to spend on Featured Frame Brands. Go to <a href="http://vsp.com/offers">vsp.com/offers</a> for details.</li> <li>20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.</li> </ul>		
	<b>Routine Retinal Screening</b> <ul style="list-style-type: none"> <li>No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam</li> </ul>		
	<b>Laser Vision Correction</b> <ul style="list-style-type: none"> <li>Average 15% off the regular price or 5% off the promotional price. Discounts only available from contracted facilities.</li> </ul>		

#### Your Coverage With Out-Of-Network Provider

Get the most out of your benefits and greater savings with a VSP network doctor. Out-of-network costs are higher and can be found at [deltadentalco.com/deltavision](http://deltadentalco.com/deltavision). VSP Member Services: 1-800-877-7195

Coverage with a retail chain may be different or not apply. Log in to [vsp.com](http://vsp.com) to check your benefits for eligibility and to confirm in-network locations based on your plan type. EasyOptions Plan Benefits are not available at Walmart, Sam's Club, or Costco. VSP guarantees coverage from VSP network providers only. Coverage information is subject to change. In the event of a conflict between this information and Delta Dental of Colorado's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.

**Log in to [vsp.com](http://vsp.com) to find an in-network provider based on your plan type.**

VSP and WellVision Exam are registered trademarks and LightCare is a trademark of Vision Service Plan. All other brands or marks are the property of their respective owners. DeltaVision is underwritten by Ember Assurance, Inc., an affiliate of Delta Dental of Colorado. Claims processing, claims service, and provider network administration for DeltaVision are provided under contract by VSP.



# DeltaVision<sup>®</sup>

## in partnership with VSP<sup>®</sup>

### Plan Comparison

Delta Dental of Colorado and VSP Vision Care are partnering to bring best-in-class vision benefits to complement our dental benefits. That means flexible, quality benefits you can sink your teeth into. Take a look at the product comparison below to help guide you to the best plan choice. For more information, contact us at [deltavision@ddpco.com](mailto:deltavision@ddpco.com).

	Plan Options		
	DeltaVision 150 + KidsCare	DeltaVision 175	DeltaVision 175 + EasyOptions + LightCare
WellVision Exam <sup>®</sup> Copay	\$10	\$10	\$10
Prescription Glasses Copay	\$25	\$25	\$25
Frame Allowance	\$150	\$175	\$175
Contact Allowance (instead of glasses)	\$150	\$175	\$175
Frequency of Service (exam/lens/frame)*	12/12/24	12/12/12	12/12/12
EasyOptions*	Not included	Not included	Included
LightCare <sup>TM****</sup>	Not included	Not included	Included
KidsCare****	Included	Not included	Not included

\*Frequency of Service (exam/lens/frame) is based on the calendar year.

\*\*EasyOptions is a revolutionary customization feature that gives members the option for one of the following upgrades at the time of service: additional \$100 frame allowance, additional \$50 lens allowance, progressive lenses, light reactive lenses, or anti-glare coating.

\*\*\*LightCare is a revolutionary customization feature that gives members the option to use a \$275 allowance for ready-made non-prescription sunglasses or ready-made non-prescription blue-light-filtering glasses, instead of prescription glasses or contacts.

\*\*\*\*KidsCare includes two fully covered comprehensive eye exams plus one additional pair of covered frames or lenses for dependent children.

# DeltaVision<sup>®</sup>

in partnership with VSP<sup>®</sup>

## 2024-25 Two-year Rates

Delta Dental of Colorado and VSP Vision Care are partnering to bring best-in-class vision benefits to complement our dental benefits. That means flexible, quality benefits you can sink your teeth into. Rates listed below are two-year rates, for either contributory or voluntary plans with either a three- or four-tier enrollment structure. One-year rates and rates for standalone vision benefits are available upon request. For more information, contact us at [deltavision@ddpco.com](mailto:deltavision@ddpco.com).

CONTRIBUTORY	3-Tier Discounted Rates for Bundled Plans		
	DeltaVision 150 + KidsCare	DeltaVision 175	DeltaVision 175 + EasyOptions + LightCare
Subscriber	\$6.08	\$9.48	\$16.36
Subscriber + 1	\$11.84	\$18.48	\$31.91
Subscriber + 2 or more	\$18.83	\$29.38	\$50.73
VOLUNTARY	3-Tier Discounted Rates for Bundled Plans		
	DeltaVision 150 + KidsCare	DeltaVision 175	DeltaVision 175 + EasyOptions + LightCare
Subscriber	\$6.46	\$10.10	\$17.46
Subscriber + 1	\$12.60	\$19.69	\$34.05
Subscriber + 2 or more	\$20.02	\$31.30	\$54.13

CONTRIBUTORY	4-Tier Discounted Rates for Bundled Plans		
	DeltaVision 150 + KidsCare	DeltaVision 175	DeltaVision 175 + EasyOptions + LightCare
Subscriber	\$6.08	\$9.48	\$16.36
Subscriber + Spouse	\$12.15	\$18.95	\$32.73
Subscriber + Child(ren)	\$12.76	\$19.91	\$34.36
Subscriber + Family	\$19.78	\$30.85	\$53.26
VOLUNTARY	4-Tier Discounted Rates for Bundled Plans		
	DeltaVision 150 + KidsCare	DeltaVision 175	DeltaVision 175 + EasyOptions + LightCare
Subscriber	\$6.46	\$10.10	\$17.46
Subscriber + Spouse	\$12.92	\$20.19	\$34.93
Subscriber + Child(ren)	\$13.56	\$21.20	\$36.67
Subscriber + Family	\$21.01	\$32.86	\$56.83

# DeltaVision® underwriting guidelines

**Group size**

2-99 subscribers

**Effective Date**

1st of the month

**Rates**

- 12 and 24 months
- Rate guarantee must match dental plan
- 3-tier and 4-tier (does not have to match dental coverage)

**Product options**

- Contributory and Voluntary
- Select from 3 shelf plans
- EasyOptions available
- Consolidated billing with dental coverage

**Benefit waiting periods**

- None

**Eligibility**

- Coverage for dependent children up to age 26
- 1099 Employees: Must be exclusively employed

**Open enrollment**

- Yes, no late entrants
- Match dental coverage
- Enrollment does not have to be tied to dental

**Participation and Contribution | Contributory Plans**

- Minimum of 50% participation AND greater than or equal to 50% employer contribution

**Employer Contribution/Contributory**

- Greater than or equal to 50% employer contribution toward the employee single rate

**Participation and Contribution | Voluntary Plans**

- Minimum of 20% participation OR less than 50% employer contribution

**Employer Contribution/Voluntary**

- Less than 50% employer contribution toward the Employee single rate

**Waivers**

Valid:

- Group spousal coverage
- Other group coverage
- COBRA
- Medicare/Medi-Cal
- Military
- Individual

**DE-9C**

Not required

**Payment and Billing**

- ACH required for groups with less than 10 subscribers enrolled
- Monthly bill consolidated with dental coverage

**Out-of-state**

- Employer must be headquartered in Colorado
- At least 50% of subscribers enrolled reside in the State of Colorado

**Declined industry codes**

- Civic Social Clubs: 8641/813410
- Private Households: 8811/814110
- Non-classifiable: 9999

**Groups of 1 subscriber**

Not allowed

**Cannabis**

Allowed

**Broker commissions**

- 10% standard

**PEO**

- Allowed: Group must exit the PEO and be quoted on its own

**Standalone or with additional line of coverage**

- Stand alone
- Bundled with dental coverage (must have same renewal effective date)
- 2% bundling discount on DeltaVision® premium

**Network**

- VSP® Network

**SEND ALL COMPLETED FORMS  
AND PAYMENT TO:**

Delta Dental of Colorado  
Attn: Sales & Client Services  
6465 Greenwood Plaza Blvd., Ste 900  
Centennial, Colorado 80111  
Phone: 303-741-9300, ext. 3300  
Email: [salesteam@ddpco.com](mailto:salesteam@ddpco.com)