

Plan Features	Delta Vision by VSP
<p><b>Network and Non Network Coverage</b></p> <p>Receive care from VSP network and non-network providers. Non-network reimbursements are limited, see benefit summary for details.</p>	
What You'll Pay for In Network Services	Delta Vision by VSP
Annual Eye Exam	\$10 Copay
Annual Lens or Contact Lens Benefit	\$25 Copay
Bi-Annual Frame Benefit (\$150 Allowance)	\$25 Copay
Elective Contact Lenses (\$150 Allowance)	\$25 Copay
Monthly Premium to Enroll	Delta Vision by VSP
Employee Only	\$6
Employee + Spouse	\$12
Employee + Child(ren)	\$13
Employee + Family	\$21