DeltaVision®

DeltaVision Option - 1 Year Voluntary Rates

		VSP for member experience (provider network & claim services),
	Carrier	DDCO for billing/enrollment
	Plan Name	DeltaVision 225 - CUSTOM
	Funding Type	Fully insured
	Effective Date	1/1/26
	Renewal Date	1/1/27
In Network	Exam Copay	\$10
	Materials Copay	\$25
	Lenses - Single	Included in materials copay
	Lenses - Bifocal	Included in materials copay
	Lenses - Trifocal	Included in materials copay
	Frames	20% off balance over \$245 allowance Featured Frames
		20% off balance over \$225 allowance All Other Frames
		20% off balance over \$175 allowance
	Contact Lenses	Fitting Exam up to \$60 Copay
	Exam	Up to \$45
	Materials:	
	Lenses - Single	Up to \$30
	Lenses - Bifocal	Up to \$50
	Lenses - Trifocal	Up to \$65
	Frames	Up to \$70
	Contact Lenses	Up to \$105
	Medically Necessary Contacts	Up to \$210
Frequency	Exam	12 months
	Lenses	12 months
	Contact Lenses	12 months
	Frames	12 months
ier		DeltaVision 225 - CUSTOM
Member		\$13.94
Member + 1		\$27.19
Member + 2 or More		\$43.21
Rate Guarantee Period		One-Year Rate Guarantee
Coverage by State		Includes all States
Commission		10% broker commission included in rates



VSP - Individual Vision Plans

Direct with VSP			
Standard Plan	Premium Plan		
Fully insured	Fully insured		
1/1/26	1/1/26		
1/1/27	1/1/27		
\$15	\$10		
\$25	\$20		
Included in materials copay	Included in materials copay		
Included in materials copay	Included in materials copay		
Included in materials copay	Included in materials copay		
20% off balance over \$170 allowance Featured Frames	20% off balance over \$220 allowance Featured Frames		
20% off balance over \$150 allowance All Other Frames	20% off balance over \$200 allowance All Other Frames		
\$150 allowance for contacts and exam	\$200 allowance for contacts and exam		
Up to \$45	Up to \$45		
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Up to \$30	Up to \$30		
Up to \$50	Up to \$50		
Up to \$65	Up to \$65		
Up to \$70	Up to \$70		
Up to \$105	Up to \$105		
Up to \$210	Up to \$210		
12 months	12 months		
12 months	12 months		
12 months	12 months		
12 months	12 months		
Standard Plan	Premium Plan		
\$11.65	\$20.88		
\$22.11	\$38.29		
\$30.31	\$51.93		
One-Year Rate Guarantee			
Rates shown are for Colorado enrollees and vary by State			

10% broker commission included in rates