

Coverage Tier	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
Monthly Rates	\$9.95	\$19.90	\$20.90	\$34.85

Vision Benefits	In Network	Out of Network	Frequency
Comprehensive eye exam	\$10 copay	\$45 allowance	Once every 12 months
<b>Eyeglass Frames</b>			
One pair of eyeglass frames	\$130 allowance (\$70 allowance at Walmart / Costco)	\$70 allowance	Once every 24 months
<b>Eyeglass Lenses (instead of contacts)</b>			
Single	\$25 copay	\$30 allowance	Once every 12 months
Bifocal	\$25 copay	\$50 allowance	Once every 12 months
Trifocal	\$25 copay	\$65 allowance	Once every 12 months
<b>Contact Lenses (instead of glasses)</b>			
Contact Fitting & Evaluation	Maximum \$60 copay	Applied to contact lens allowance	Once every 12 months
Elective disposable	\$130 allowance	\$105 allowance	Once every 12 months
Non-elective (medically necessary)	Covered 100% after copay	\$210 allowance	Once every 12 months

This overview contains a general description of your vision care program for your use as a convenient reference. Complete details of your program appear in the group contract between your plan sponsor and Delta Dental of Connecticut, Inc., which governs the benefits and operation of your program. Please contact your SBMA representative for additional information.

## USING YOUR COVERAGE

As a VSP member, you have access to [vsp.com](https://www.vsp.com) and the VSP Vision Care App. Both offer easy navigation and a personalized dashboard, so you can get the benefit information you need, exactly when you need it.

Download the VSP Vision Care App from the Apple or Google Play stores and get instant access to your benefit coverage, member ID card, exclusive member extras like savings on additional eyewear, laser vision correction, and more.

