Delta Dental plans

Percentages shown represent the amount the plans pay after you meet the deductible (unless otherwise noted). You pay the remaining percentage (your coinsurance). Under the Delta Dental plans, PPO and Premier network dentists cannot charge you amounts above the allowed fee. Non-Delta dentists are paid up to the usual, customary, and reasonable (UCR) maximum.

Both plans include the SmileWay wellness benefits, which provide 100% covered additional teeth and gum cleanings throughout the year if you've been diagnosed with a chronic medical condition and are at a high risk for advanced tooth decay.

To help your coverage go further, preventive care services do not count toward your annual maximum.

General provisions

Plan provisions	Delta Dental Plus plan	Delta Dental Basic plan
Provider choice	You may use any licensed dentist; however, your out-of-pocket costs will be lower when you use Premier dentists and the lowest when you use PPO dentists. If you use non-Delta dentists, you are responsible for your percentage share plus any amounts the dentist charges above the allowed amount.	You may use any licensed dentist; however, your out-of-pocket costs will be lower when you use Premier dentists and the lowest when you use PPO dentists. If you use non-Delta dentists, you are responsible for your percentage share plus any amounts the dentist charges above the allowed amount.
Annual deductible	$50 individual $150 family	$50 individual $150 family
Annual benefit maximum	$2,500 per calendar year	$1,500 per calendar year

Covered services

Plan provisions	Delta Dental Plus plan			Delta Dental Basic plan		
	PPO dentists	Premier dentists	Non-Delta dentists[1]	PPO dentists	Premier dentists	Non-Delta dentists[1]
Diagnostic and preventive care	Plan pays 100%, no deductible	Plan pays 100%, no deductible	Plan pays 100%, no deductible	Plan pays 100%, no deductible	Plan pays 100%, no deductible	Plan pays 100%, no deductible
Basic care	Plan pays 90%	Plan pays 80%	Plan pays 80%	Plan pays 90%	Plan pays 80%	Plan pays 80%
Major care	Plan pays 60%	Plan pays 50%	Plan pays 50%	Plan pays 60%	Plan pays 50%	Plan pays 50%
Orthodontic treatment[2] (adults and children) Benefits limited to $2,500 per lifetime per individual	Plan pays 50%	Plan pays 50%	Plan pays 50%	Not covered	Not covered	Not covered

[1] Plan pays up to the usual, customary, and reasonable (UCR) maximum.

[2] The deductible is applied once at the start of a new treatment plan.

VSP vision plans

While you receive the best overall benefits when seeing VSP network doctors, you also have access to VSP retail chain affiliate partners, including Costco Optical, Walmart, and Sam's Club. However, coverage with a retail chain may be different or not apply. You can search for network providers and affiliate providers using the provider search on vsp.com. If you don't wear prescription glasses or already have your prescription glasses, the vision plans offer an enhanced LightCare benefit, which allows you to use your frame allowance with VSP network providers for ready-to-wear, nonprescription blue-light-filtering glasses or nonprescription sunglasses.

Plan provisions	**Vision Plus plan** (In-network)	**Vision Basic plan** (In-network)	**Non-VSP provider** (Out-of-network)
Exam	Plan pays 100% every calendar year	Plan pays 100% every calendar year	Plan pays up to $50 every calendar year
Routine retinal screening	$25 copay	$39 copay	Not covered
Lenses (pair)	Subject to plan limits; plan pays every calendar year:	Subject to plan limits; plan pays every calendar year:	Plan pays up to:
Single-vision	100%	100%	$50
Lined bifocal	100%	100%	$75
Lined trifocal	100%	100%	$100
Standard progressive	100%	100%	$85
Premium progressive	100%	$80–$90 copay	$85
Custom progressive	100%	$120–$160 copay	$85
Blue-light-blocking coating	$15 copay	$15 copay	Not covered
Anti-glare coating	$0 copay	$0 copay	Not covered
Frames	Plan pays up to $250 every calendar year ($135 allowance at Costco, Walmart, and Sam's Club)	Plan pays up to $150 every 2 years ($80 allowance at Costco, Walmart, and Sam's Club)	Plan pays up to $70 every 2 years (Basic), every year (Plus)
LightCare benefit	Plan pays up to $250 every calendar year for ready-made nonprescription sunglasses or nonprescription blue-light-filtering glasses instead of prescription glasses or contacts	Plan pays up to $150 every 2 years for ready-made nonprescription sunglasses or nonprescription blue-light-filtering glasses instead of prescription glasses or contacts	Not covered
Contact lenses	Plan pays standard and premium fittings in full after copay, plus 15% off contact lens exam. Copay will never exceed $60. $250 lens allowance every calendar year (in lieu of lenses and frames).	Plan pays standard and premium fittings in full after copay, plus 15% off contact lens exam. Copay will never exceed $60. $150 lens allowance every calendar year (in lieu of lenses and frames).	Plan pays up to $150 every calendar year
Second pair of glasses or contacts	Covered, subject to the same allowance as the first pair	Not covered	Covered, only for Vision Plus plan; subject to the same allowance as the first pair

Essential medical eyecare: Services related to diabetic eye disease, glaucoma, and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. $20 copay. Ask your VSP doctor for details.

Additional benefits: When you use VSP providers, you receive 40% off additional glasses and sunglasses, including lens options, from the same VSP doctor on the same day as your WellVision Exam or 20% off from any VSP doctor within 12 months. Extra $20 to spend on featured frame brands. Go to vsp.com/specialoffers for details. Laser vision correction: Generally 15% off the regular price or 5% off the promotional price from contracted facilities.