DELTA DENTAL®

DeltaVision®

DeltaVision®

Product Brochure

Insured Vision Plans

DeltaVision is underwritten by Red Tree Insurance Company, Inc., a Northeast Delta Dental company. Claims processing, claims service, and provider network administration for DeltaVision are provided under contract, by EyeMed Vision Care, LLC and its affiliate, First American Administrators, Inc.

Form # DVPB Rev. 101917

Welcome to DeltaVision®

DeltaVision®

The insured vision plan for employers in Maine and New Hampshire

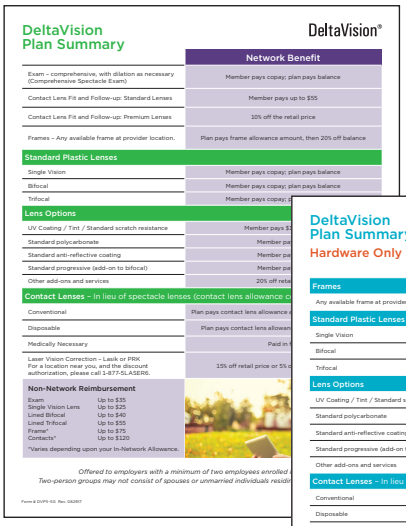
Help your employees see clearly. Add a DeltaVision plan today.

- DeltaVision is supported by an **EyeMed Vision Care network with over 71,000 providers at over 27,000 locations nationwide**. This network offers a broad mix of independent providers, local optical retailers, and nationally recognized retailers **(where approximately 60% of all vision care dollars are spent)**, to include:

jcp optical · sears optical · OPTICAL · LensCrafters · Private Practitioners · Pearle Vision

- Members are free to see any optical provider they choose, either in-network or out-of-network. They will receive the most value from their DeltaVision benefits when they receive care from in-network providers.
- Members receive a **40% discount** off all additional complete prescription eyeglass purchases and a **15% discount** off all additional conventional contact lens purchases after their funded benefit has been used. The frequency is unlimited and available at all in-network provider locations.
- Members receive ID cards and have access to **live customer service 102 hours per week** (the most in the industry), including nights and weekends.

Check out our Traditional as well as our newly-added Hardware Only plans.



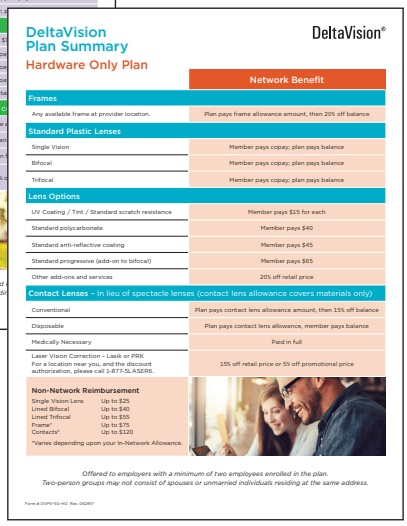
DeltaVision Plan Summary — DeltaVision®

	Network Benefit
Exam – comprehensive, with dilation as necessary (Comprehensive Spectacle Exam)	Member pays copay; plan pays balance
Contact Lens Fit and Follow-up: Standard Lenses	Member pays up to $55
Contact Lens Fit and Follow-up: Premium Lenses	10% off the retail price
Frames – Any available frame at provider location.	Plan pays frame allowance amount, then 20% off balance
Standard Plastic Lenses	
Single Vision	Member pays copay; plan pays balance
Bifocal	Member pays copay; plan pays balance
Trifocal	Member pays copay; p
Lens Options	
UV Coating / Tint / Standard scratch resistance	Member pays $
Standard polycarbonate	Member pa
Standard anti-reflective coating	Member pa
Standard progressive (add-on to bifocal)	Member pa
Other add-ons and services	20% off reta
Contact Lenses – In lieu of spectacle lenses (contact lens allowance c	
Conventional	Plan pays contact lens allowance
Disposable	Plan pays contact lens allowan
Medically Necessary	Paid in
Laser Vision Correction – Lasik or PRK. For a location near you, and the discount authorization, please call 1-877-5LASER6.	15% off retail price or 5% o
Non-Network Reimbursement	
Exam	Up to $35
Single Vision Lens	Up to $25
Lined Bifocal	Up to $40
Lined Trifocal	Up to $55
Frame*	Up to $75
Contacts*	Up to $120
*Varies depending upon your In-Network Allowance.	

Offered to employers with a minimum of two employees enrolled in the plan.
Two-person groups may not consist of spouses or unmarried individuals residing at the same address.

Form # DVPS-SG-ND Rev. 082817

Traditional



DeltaVision Plan Summary — Hardware Only Plan — DeltaVision®

	Network Benefit
Frames	
Any available frame at provider location.	Plan pays frame allowance amount, then 20% off balance
Standard Plastic Lenses	
Single Vision	Member pays copay; plan pays balance
Bifocal	Member pays copay; plan pays balance
Trifocal	Member pays copay; plan pays balance
Lens Options	
UV Coating / Tint / Standard scratch resistance	Member pays $15 for each
Standard polycarbonate	Member pays $40
Standard anti-reflective coating	Member pays $45
Standard progressive (add-on to bifocal)	Member pays $65
Other add-ons and services	20% off retail price
Contact Lenses – In lieu of spectacle lenses (contact lens allowance covers materials only)	
Conventional	Plan pays contact lens allowance amount, then 15% off balance
Disposable	Plan pays contact lens allowance, member pays balance
Medically Necessary	Paid in full
Laser Vision Correction – Lasik or PRK. For a location near you, and the discount authorization, please call 1-877-5LASER6.	15% off retail price or 5% off promotional price
Non-Network Reimbursement	
Single Vision Lens	Up to $25
Lined Bifocal	Up to $40
Lined Trifocal	Up to $55
Frame*	Up to $75
Contacts*	Up to $120
*Varies depending upon your In-Network Allowance.	

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Form # DVPS-SG-HO Rev. 082817

Hardware Only

To Enroll a Group

Provide the following to Northeast Delta Dental prior to the first of the month in which the coverage is to be effective:

- An application for group vision coverage completed and signed by the employer.
- Completed enrollment forms for all enrolling employees.
- A binder check for the first month's premium.

Rate Guarantees

Rates are guaranteed for 36 months when the vision plan takes effect on a current Northeast Delta Dental plan anniversary or if the vision plan is a standalone benefit. Rates for a vision plan effective off a dental plan anniversary are guaranteed for 24 months plus the number of months to get to a common anniversary.

Our Guarantee

The Service: Smooth Implementation of a DeltaVision Plan.

The Guarantee: Successful implementation will be determined through feedback provided by the group.

The Refund: The group will be reimbursed the administration fee charged for its second month of service (not to exceed $500) if the service guarantee is not met.

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DeltaVision®

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Non-Network Reimbursement

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Vision Benefits*	$130 Plans			$150 Plans		
Allowances:						
Frames	$ 130			$ 150		
Contacts	$ 130			$ 150		
Frequency (in months)						
Examination	12			12		
Lenses or Contact Lenses	12			12		
Frame	24			24		
Copayments:						
Exams	$ 10	$ 10	$ 20	$ 10	$ 10	$ 20
Lenses	$ 10	$ 25	$ 20	$ 10	$ 25	$ 20

	VOLUNTARY - Employer contributes 0% – 49% of total premium					
3-Tier - Monthly Rates						
Employee Only	$6.74	$6.13	$5.76	$7.75	$7.07	$6.69
Employee + One Dependent	$11.56	$10.52	$9.89	$13.28	$12.12	$11.49
Family	$20.70	$18.82	$17.69	$23.75	$21.70	$20.56

	NON-VOLUNTARY - Employer contributes 50% – 100% of total premium					
3-Tier - Monthly Rates						
Employee Only	$4.43	$3.96	$3.72	$5.64	$5.06	$4.81
Employee + One Dependent	$7.60	$6.79	$6.39	$9.67	$8.68	$8.25
Family	$13.59	$12.14	$11.43	$17.31	$15.52	$14.78

* These plans reflect the most popular plans. Contact your producer or Northeast Delta Dental marketing representative to see other plans.

RATES ARE VALID FOR INITIAL EFFECTIVE DATES JANUARY 2018 THROUGH DECEMBER 2018, AND ARE GUARANTEED FOR UP TO 36 MONTHS. SEE PRODUCT BROCHURE FOR DETAILS.

DeltaVision Plan Summary

Hardware Only Plan

DeltaVision®

	Network Benefit
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Non-Network Reimbursement

Single Vision Lens	Up to $25
Lined Bifocal	Up to $40
Lined Trifocal	Up to $55
Frame*	Up to $75
Contacts*	Up to $120

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Allowances:						
Frames	$ 130			$ 150		
Contacts	$ 130			$ 150		
Frequency (in months)						
Lenses or Contact Lenses	12			12		
Frame	24			24		
Copayments:						
Lenses	$ 10	$ 25	$ 20	$ 10	$ 25	$ 20

	VOLUNTARY - Employer contributes 0% – 49% of total premium					
3-Tier - Monthly Rates						
Employee Only	$4.93	$4.30	$4.50	$5.90	$5.24	$5.45
Employee + One Dependent	$8.44	$7.37	$7.72	$10.12	$8.99	$9.36
Family	$15.10	$13.19	$13.82	$18.12	$16.07	$16.74

	NON-VOLUNTARY - Employer contributes 50% – 100% of total premium					
3-Tier - Monthly Rates						
Employee Only	$3.45	$2.98	$3.11	$4.66	$4.06	$4.27
Employee + One Dependent	$5.90	$5.11	$5.34	$7.99	$6.97	$7.32
Family	$10.58	$9.15	$9.55	$14.30	$12.48	$13.10

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Contact Information

For product information, quotes, and questions regarding plan design options, contact your producer or Northeast Delta Dental marketing representative. Visit our website at **www.nedelta.com**.

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