



DeltaVision[®]

Product Brochure

Insured Vision Plans

DeltaVision[®]
Aiming for 20/20 vision!
(see inside for details)



Welcome to DeltaVision®



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

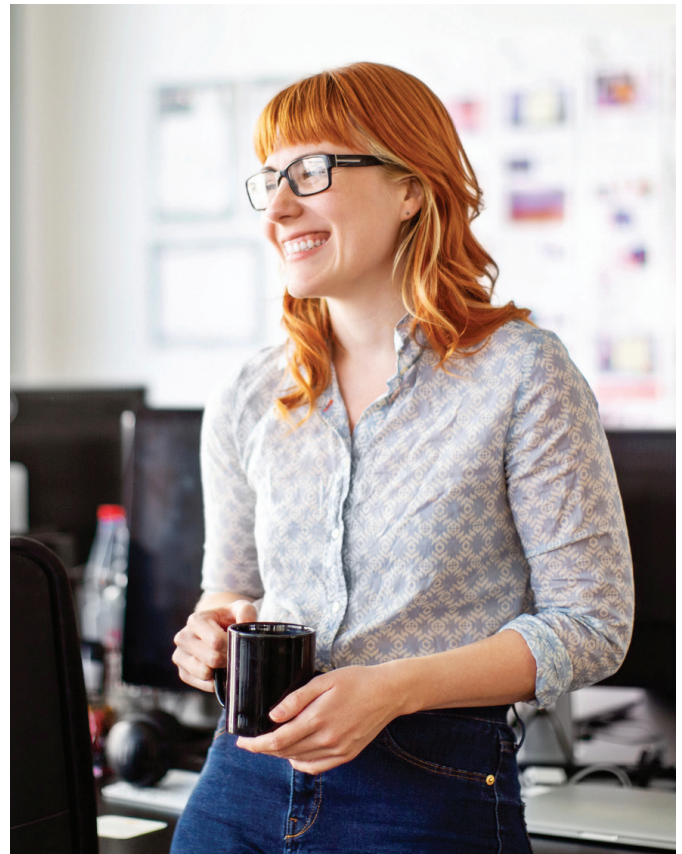
A DeltaVision plan will help your employees get the vision care they need.

- DeltaVision is supported by the nationwide EyeMed Vision Care Access Network, including private practitioners and popular retail and online retail locations.
- 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.
- Schedule an eye exam online through the provider: <https://member.eyemedvisioncare.com/nedd>

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:

- The employer completes a contract application, preferably online.
- Employee elections can be made electronically or via enrollment form.
- Include the first month's premium or ACH (auto-withdrawal) form with application.



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.

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.

Two-person groups may not consist of spouses or unmarried individuals residing at the same address.



Underwriting Guidelines

- Offered to employers with at least two full-time employees and 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.
- A clear employer/employee relationship must exist.
- Only group-billing format is available; no individual billings can be accommodated.
- In order to enroll dependents, the employee must be enrolled.
- Other underwriting guidelines may apply.

Rate Guarantees

Rates are guaranteed for 48 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 36 months plus the number of months to get to a common anniversary.

Example: Dental plan is effective 1/1/24. New vision plan starts 6/1/24. Rate guaranteed for 43 months or until 12/31/27.

The Fine Print

The following items are not offered under all DeltaVision plans:

- Orthoptic or vision training, subnormal vision aids, and associated supplemental testing.
- Medical and/or surgical treatment of the eye, eyes, or supporting structures.
- Corrective eyewear required by an employer as a condition of employment (safety eyewear).
- Services provided as a result of any worker's compensation law.
- Plano nonprescription lenses and nonprescription sunglasses (except for 20% discount).
- Aniseikonic lenses.
- A discount is not available on certain limited frame brands in which the manufacturer imposes a no-discount policy. The frame allowance does apply.
- Two pairs of glasses in lieu of bifocals.
- Allowances are one-time-use benefits; no remaining balance (If your plan has a \$130 frame allowance and you purchase a frame for \$120, you do not have a \$10 balance to be used at a later date).
- Lost or broken materials are not covered.
- Individual COBRA billing is not available.
- Other limitations and exclusions may apply.

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; 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		
Exam	Up to \$35	
Single vision lens	Up to \$25	
Lined bifocal	Up to \$40	
Lined trifocal	Up to \$55	
Frame*	Up to \$90	
Contacts*	Up to \$144	
*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.*

Vision benefits*	\$130 Plans			\$150 Plans			\$180 Plans		
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Allowances:

Frames	\$ 130			\$ 150			\$ 180		
Contacts	\$ 130			\$ 150			\$ 180		

Frequency (in months)

Examination	12			12			12		
Lenses or Contact Lenses	12			12			12		
Frame	24			24			24		

Copayments:

Exams	\$ 10	\$ 10	\$ 20	\$ 10	\$ 10	\$ 20	\$ 10	\$ 10	\$ 20
Lenses	\$ 10	\$ 25	\$ 20	\$ 10	\$ 25	\$ 20	\$ 10	\$ 25	\$ 20

VOLUNTARY - Employer contributes 0% - 49% of employee rate

3-Tier - Monthly Rates

Employee Only	\$5.56	\$5.06	\$4.75	\$6.39	\$5.83	\$5.52	\$7.06	\$6.49	\$6.19
Employee + One Dependent	\$9.53	\$8.67	\$8.15	\$10.95	\$10.00	\$9.48	\$12.12	\$11.15	\$10.62
Family	\$17.07	\$15.52	\$14.59	\$19.58	\$17.89	\$16.95	\$21.68	\$19.95	\$19.01

4-Tier - Monthly Rates

Employee Only	\$5.56	\$5.06	\$4.75	\$6.39	\$5.83	\$5.52	\$7.06	\$6.49	\$6.19
Employee + Spouse	\$10.85	\$9.87	\$9.27	\$12.46	\$11.37	\$10.79	\$13.79	\$12.69	\$12.09
Employee + Child(ren)	\$10.53	\$9.57	\$8.98	\$12.08	\$11.03	\$10.46	\$13.36	\$12.30	\$11.71
Family	\$16.45	\$14.95	\$14.06	\$18.88	\$17.23	\$16.34	\$20.87	\$19.21	\$18.29

CONTRIBUTORY - Employer contributes 50% - 100% of employee rate

3-Tier - Monthly Rates

Employee Only	\$3.66	\$3.26	\$3.07	\$4.65	\$4.17	\$3.97	\$5.18	\$4.68	\$4.49
Employee + One Dependent	\$6.26	\$5.60	\$5.27	\$7.97	\$7.16	\$6.80	\$8.89	\$8.02	\$7.69
Family	\$11.20	\$10.01	\$9.43	\$14.27	\$12.79	\$12.19	\$15.89	\$14.36	\$13.77

4-Tier - Monthly Rates


Employee Only	\$3.66	\$3.26	\$3.07	\$4.65	\$4.17	\$3.97	\$5.18	\$4.68	\$4.49
Employee + Spouse	\$7.13	\$6.37	\$5.99	\$9.09	\$8.13	\$7.75	\$10.11	\$9.13	\$8.76
Employee + Child(ren)	\$6.91	\$6.18	\$5.81	\$8.81	\$7.89	\$7.52	\$9.79	\$8.85	\$8.48
Family	\$10.80	\$9.64	\$9.09	\$13.76	\$12.33	\$11.74	\$15.29	\$13.82	\$13.26

* These plans reflect the most popular plans. Please contact your insurance professional or Northeast Delta Dental representative to see other plans.

RATES ARE VALID FOR INITIAL EFFECTIVE DATES JANUARY 2024 THROUGH DECEMBER 2024, AND ARE GUARANTEED FOR UP TO 48 MONTHS.

DeltaVision plan summary*

Hardware only plan

		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 \$90	
Contacts*	Up to \$144	
*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.

Hardware only plan

Vision benefits*	\$130 Plans			\$150 Plans			\$180 Plans		
Allowances:									
Frames	\$ 130			\$ 150			\$ 180		
Contacts	\$ 130			\$ 150			\$ 180		
Frequency (in months)									
Lenses or Contact Lenses	12			12			12		
Frame	24			24			24		
Copayments:									
Lenses	\$ 10	\$ 25	\$ 20	\$ 10	\$ 25	\$ 20	\$ 10	\$ 25	\$ 20
VOLUNTARY - Employer contributes 0% - 49% of employee rate									
3-Tier - Monthly Rates									
Employee Only	\$4.06	\$3.54	\$3.71	\$4.86	\$4.32	\$4.50	\$5.54	\$4.99	\$5.18
Employee + One Dependent	\$6.96	\$6.08	\$6.37	\$8.35	\$7.41	\$7.72	\$9.51	\$8.55	\$8.89
Family	\$12.45	\$10.87	\$11.40	\$14.94	\$13.25	\$13.80	\$17.03	\$15.30	\$15.89
4-Tier - Monthly Rates									
Employee Only	\$4.06	\$3.54	\$3.71	\$4.86	\$4.32	\$4.50	\$5.54	\$4.99	\$5.18
Employee + Spouse	\$7.92	\$6.91	\$7.24	\$9.49	\$8.42	\$8.77	\$10.83	\$9.73	\$10.11
Employee + Child(ren)	\$7.68	\$6.71	\$7.02	\$9.21	\$8.18	\$8.52	\$10.51	\$9.44	\$9.79
Family	\$11.98	\$10.47	\$10.97	\$14.39	\$12.77	\$13.29	\$16.39	\$14.73	\$15.29
CONTRIBUTORY - Employer contributes 50% - 100% of employee rate									
3-Tier - Monthly Rates									
Employee Only	\$2.85	\$2.46	\$2.57	\$3.84	\$3.35	\$3.52	\$4.36	\$3.86	\$4.04
Employee + One Dependent	\$4.86	\$4.22	\$4.40	\$6.59	\$5.75	\$6.04	\$7.50	\$6.63	\$6.94
Family	\$8.72	\$7.55	\$7.87	\$11.79	\$10.29	\$10.80	\$13.40	\$11.87	\$12.42
4-Tier - Monthly Rates									
Employee Only	\$2.85	\$2.46	\$2.57	\$3.84	\$3.35	\$3.52	\$4.36	\$3.86	\$4.04
Employee + Spouse	\$5.54	\$4.80	\$5.01	\$7.51	\$6.54	\$6.87	\$8.53	\$7.55	\$7.89
Employee + Child(ren)	\$5.37	\$4.65	\$4.85	\$7.28	\$6.35	\$6.66	\$8.26	\$7.31	\$7.65
Family	\$8.39	\$7.27	\$7.57	\$11.35	\$9.90	\$10.40	\$12.89	\$11.42	\$11.95

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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.



Northeast Delta Dental

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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.