

# DeltaVision®

In partnership with VSP®



## Delta Dental of Connecticut



## Why Sell DeltaVision®?

### What's important to you is important to Delta Dental and VSP.

#### Introducing DeltaVision!

Delta Dental has partnered with VSP Vision Care – a national leader in vision benefits – to offer an exciting new addition to our dental benefits programs. DeltaVision was created exclusively for our Delta Dental customers. VSP is well known for their best-in-class vision programs, making them the ideal complement to our dental program.

When DeltaVision is combined with your Delta Dental benefits, you get two great programs in one convenient and affordable package. Plus, one plan includes an enhanced feature: glasses and contacts in the same year.

Here's how DeltaVision benefits your clients:

- **The largest network of participating opticians nationwide.** Members can easily take full advantage of their benefits and in-network savings.
- **Innovative benefit programs.** They feature lots of included extras, such as discounts on LASIK, additional pairs of glasses, and more.
- **One-stop administration.** Clients get both their dental and vision bill from us. Enrollment changes carry through for both plans.
- **World-class customer service.** VSP consistently earns a 99% satisfaction rating from members.

- **Supports their health and wellness.** Both dental and vision benefits encourage people to look after their health. Dentists and eye doctors are both trained to detect early signs of many conditions, which can lead to earlier intervention and better overall health.

And here's how adding DeltaVision to your clients' dental plans can benefit you:

- **Easy enrollment.** For groups with up to 50 enrollees, just check the DeltaVision box on your new group application or renewal to enroll groups in DeltaVision.
- **More commissions.** DeltaVision sales contribute toward your Delta Dental commissions and broker bonuses.
- **Excellent group persistency.** Both Delta Dental and VSP have high retention rates. Once groups sign on, they don't move on.

Flexible, quality benefits with the award-winning customer service your clients have come to expect – that's DeltaVision.

DeltaVision plans are only available to groups that have or are purchasing a dental plan from Delta Dental. From our sales collateral and other tools, to our expert support team dedicated to helping you manage commissions and group service, DeltaVision makes your life easier.



## See what else DeltaVision offers.

### More choice.

Choose the vision care network that offers true freedom of choice in providers and national eyewear retailers.

- Largest national network of independent eye doctors.<sup>1</sup>
- 5,000+ participating retail chain locations, including Walmart/Sam's Club and Costco®.
- Out-of-network allowances for exams, lenses, frames, and contact lenses.
- Participating VSP network doctors conveniently located in retail, neighborhood, medical, and professional settings.

### More savings.

Independent research shows that the number one priority for consumers choosing a vision plan is low out-of-pocket costs. DeltaVision is committed to meeting and exceeding expectations by delivering value, choice, and service.

Here's what you can expect with a DeltaVision plan:

- Low member out-of-pocket costs, guaranteed.
- Savings up to 40% off retail costs on lens enhancements (covered after a copay).
- Both wholesale and retail frame allowances; our guaranteed standard **wholesale** frame cost allowance covers more than 13,000 frames.
- Exclusive savings on a wide selection of frame brands and lens enhancements, including anti-glare and scratch-resistant coatings, light-reactive lenses, and polycarbonate (ultra-durable, lightweight, and impact-resistant) lenses.

- Full coverage on impact-resistant lenses for children.
- Generous allowances for new and replacement contact lenses.

### More value your clients won't find anywhere else.

- Additional coverage for members with diabetic eye disease, glaucoma, or age-related macular degeneration.
- Highest customer service rating in the industry.
- Discounts on frames, additional pairs of glasses, LASIK, retinal screening, TruHearing® hearing aids, and more.
- Access to online retailer Eyeconic® (Eyeconic.com), which offers a convenient online eyewear option and integrates directly with your vision benefits.
- Most in-network vision providers offer early morning, evening, and weekend appointments.
- 24-hour access to emergency care.

With DeltaVision, your clients will receive an award-winning vision program powered by VSP to complement their Delta Dental benefits. Both Delta Dental and VSP are also dedicated to satisfying you, your clients, and your clients' employees. You can be confident that Delta Dental with DeltaVision delivers a dental and vision benefits combination that's right for your clients.

<sup>1</sup> VSP, 2019



## DeltaVision products

DeltaVision plans are sold only in combination with Delta Dental plans.

Our vision plans and best-in-class customer service are designed to exceed your clients' expectations.

We offer robust plans with a variety of copayment options, allowances, and frequencies to fit any group's needs. Plus, superior network access ensures your clients receive the benefits they want, when they want them. We're committed to meeting and exceeding your clients' expectations by delivering the best value, choices, and service. It's our Member Promise<sup>2</sup> — your clients are happy, or we'll make it right. No hassles, no excuses.

### DeltaVision – Essential

The DeltaVision – Essential Plan is an excellent base-level vision plan that offers affordable vision exams and prescription glasses copays, as well as a \$130 frame or elective contact lens allowance. Combine that with special offers only available through VSP, and you have a vision plan your clients will be pleased with. The Essential Plan has a 12/12/24 (exams/ lens/frames) frequency structure.

### DeltaVision – Brilliance

The DeltaVision – Brilliance Plan offers the same great benefits and perks of the Essential Plan, plus more. It features a \$150 allowance for frames or elective contact lenses, plus a 12/12/12 (exams/lens/frames) frequency structure. This is a great choice for those who like the Essential plan design but want to replace their frames and/or lenses every year.

### DeltaVision – Premium

The DeltaVision – Premium Plan offers a step up in benefits coverage. There's no copay for exams, plus the allowance for frames or elective contact lenses increases to \$175. The Premium Plan has a 12/12/12 (exams/lens/frames) frequency structure.

### DeltaVision – Platinum

DeltaVision – Platinum is our richest plan, offering all the same benefits as Premium, but with a \$200 allowance each for frames and elective contact lenses in the same year. The Platinum plan has a 12/12/12 (exams/lens/frames) frequency structure.



<sup>2</sup> The VSP® Member Promise guarantees complete member satisfaction with services received from a VSP doctor.

|   | DeltaVision -<br><i>Essential</i> | DeltaVision -<br><i>Brilliance</i> | DeltaVision -<br><i>Premium</i> | DeltaVision -<br><i>Platinum</i> |
|---|-----------------------------------|------------------------------------|---------------------------------|----------------------------------|
| <b>Exam/lens/frame frequency (months)</b> | 12/12/24                          | 12/12/12                           | 12/12/12                        | 12/12/12                         |
| <b>Contacts (in lieu of glasses)</b>      | 12                                | 12                                 | 12                              | 12                               |

## In-network coverage

|  |   |   |   |  |
|--|---|---|---|--|
| <b>Exam copay</b>  | \$10  | \$10  | \$0   | \$0  |
| <b>Materials copay</b>   | \$25  | \$10  | \$0   | \$0  |
| <b>Frame allowance</b>   | \$130<br>\$70 Walmart/Sam's Club and Costco frame allowance | \$150<br>\$80 Walmart/Sam's Club and Costco frame allowance | \$175<br>\$95 Walmart/Sam's Club and Costco frame allowance | \$200<br>\$110 Walmart/Sam's Club and Costco frame allowance         |
| <b>Elective contact lens allowance</b>                                       | \$130   | \$150   | \$175   | \$200  |
| <b>Necessary contact lenses</b>  | Covered in full after copay                                 | Covered in full after copay                                 | Covered in full   | Covered in full  |
| <b>Contact lens fit/eval copayment</b>                                       | \$60  | \$60  | \$60  | \$60   |
| <b>Both frames and contacts in same year (in-network and out-of-network)</b> | No; allows contacts in lieu of frames                       | No; allows contacts in lieu of frames                       | No; allows contacts in lieu of frames                       | Yes; allows both frames & contacts in the same year for each benefit |



## Out-of-network allowances

|   |       |
|---|-------|
| <b>Examination, up to:</b>              | \$45  |
| <b>Single vision lenses, up to:</b>     | \$30  |
| <b>Bifocal lenses, up to:</b>           | \$50  |
| <b>Trifocal lenses, up to:</b>          | \$65  |
| <b>Progressive lenses, up to:</b>       | \$50  |
| <b>Lenticular lenses, up to:</b>        | \$100 |
| <b>Frames, up to:</b>                   | \$70  |
| <b>Elective contact lenses, up to:</b>  | \$105 |
| <b>Necessary contact lenses, up to:</b> | \$210 |

## Lens enhancements (member cost)<sup>3</sup>

|  |  |
|--|--|
| <b>Anti-glare coating</b>              | \$41 single/\$41 multifocal                        |
| <b>Impact-resistant lenses - adult</b> | \$31 single/\$35 multifocal (covered for children) |
| <b>Progressive lenses</b>              | Standard progressive lenses are covered            |
| <b>Light-reactive lenses</b>           | \$75 single vision/\$75 multifocal                 |
| <b>Scratch-resistant coating</b>       | \$17 single vision/\$17 multifocal                 |

## Additional savings

|   |   |
|---|---|
| <b>Frames discount over allowance<sup>4</sup></b> | An extra \$20 allowance on featured designer brands for frames. 20% savings on any amount above the retail allowance.                               |
| <b>Additional pair<sup>4</sup></b>                | 20% savings on unlimited additional pairs of prescription glasses and/or nonprescription sunglasses from any VSP provider within 12 months of exam. |
| <b>LASIK<sup>4</sup></b>                          | Average 15% off the regular price, or 5% off the promotional price; discounts only available from contracted facilities.                            |
| <b>Retinal imaging<sup>4</sup></b>                | Routine retinal screening covered for a maximum fee of \$39.  |
| <b>Lens coverage<sup>4</sup></b>                  | Glass or plastic single vision, lined bifocal, lined trifocal, or lenticular lenses are covered in full. <sup>5</sup>                               |

<sup>3</sup> Prices shown reflect the standard plastic price for each respective category. Premium lens enhancement prices may vary. Prices may vary and are valid only through VSP Choice Network Providers and are subject to change without notice.

<sup>4</sup> In-network only.

<sup>5</sup> Covered in full materials and services are less any applicable copay. Based on applicable laws, benefits and savings may vary by location. Benefits may also vary at participating retail chains. Promotions like rebates are continually evaluated and subject to change without notice. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.

Promotions and featured frame brands do not apply at Costco® Optical. Walmart/Sam's Club and Costco® Optical allowance of \$80 is equivalent to the frame allowance at VSP doctor locations and participating retail chains.

The following items are excluded under this plan: plano lenses (lenses with refractive correction of less than ± .50 diopter), two pairs of glasses instead of bifocals; replacement of lenses, frames, or contacts; medical or surgical treatment; orthoptics; vision training or supplemental testing.

## Additional savings (continued)

|   |   |
|---|---|
| <b>VSP Diabetic EyeCare Plus Program<sup>SM</sup></b> | Retinal screening for members with diabetes, \$0 copay.<br><br>Additional exams and services for members with diabetic eye disease, glaucoma, or age-related macular degeneration. Limitations and coordination with your medical coverage may apply. Ask your VSP doctor for details. \$20 copay per exam. |
| <b>Low vision</b>                                     | Pre-approved low vision supplemental testing covered every two years. 75% coverage for approved low vision aids, up to \$1,000 (less any amount paid for supplemental testing) every two years.   |
| <b>Eyeconic<sup>4</sup></b>                           | Go to <a href="http://eyeconic.com">eyeconic.com</a> for an easy-to-use, convenient online eyewear option.  |
| <b>TruHearing<sup>®4</sup></b>                        | Save up to 60% on hearing aids and batteries. Visit <a href="http://truhearing.com/vsp">truhearing.com/vsp</a> or call 877.396.7194 for more information. <sup>6</sup>  |



### How to find more about VSP and VSP Preferred Provider benefits

VSP also offers additional Preferred Provider benefits, which may change from time to time. Please go to [VSP.com](http://VSP.com) for the most current information.

The following pages provide underwriting guidelines and how to enroll a group. If you have questions, call your Delta Dental Sales Executive, or call 833-792-7089.

<sup>4</sup> In-network only.

<sup>6</sup> VSP is providing information to its members, but does not offer or provide any discount hearing program. The relationship between VSP and TruHearing is that of independent contractors. VSP makes no endorsement, representations, or warranties regarding any products or services offered by TruHearing, a third-party vendor. The vendor is solely responsible for the products or services offered by them. If you have any questions regarding the services offered here, you should contact the vendor directly. TruHearing offers individuals the opportunity to purchase hearing aids at discounted prices, including individuals covered by self-funded health plans not subject to state insurance or health plan regulations. TruHearing is not insurance and not subject to state insurance regulations. TruHearing provides discounts to certain health care groups for hearing aid sales and services; TruHearing provides fitting, programming and three adjustment visits at no cost; the member is obligated to pay for testing, and all post-fitting hearing care services, but will receive a discount from those health care providers who have contracted with TruHearing. Not available directly from VSP in the states of Washington and California.

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## DeltaVision underwriting guidelines and plan provisions

### For small group – 2-9 and 10-50 enrolled employees:

Our DeltaVision plans are sold in combination with Delta Dental plans. The group must meet the eligible industry requirements set under our Small Group Dental plans in order to qualify for DeltaVision coverage.

1. **Group size:** 2-9 enrolled / 10-50 enrolled.
2. **Eligible industries:** Our vision plans are sold in combination with our dental plans. The group must meet the eligible industries requirements set under our Small Group Dental plans in order to qualify for DeltaVision coverage. Please see Eligible Industries page in our Small Group Dental Brochure for a complete list of eligible/ineligible industries.
3. **Eligible employees:** Full-time, permanent employees. Contract employees (Form 1099 workers) are not eligible. Employer must submit documentation to verify employer/employee relationship. A group of two cannot be comprised of a dependent relationship (e.g., husband and wife).
4. **Eligible dependents:** Spouse (or domestic partner, if offered by group) and dependent children up to age 26. Dependents in military service are not eligible.
5. **Eligible retirees:** Retiree coverage is available in an active employee plan if there is no break in coverage and employee contribution is identical for both plans. Coverage must be available to all retirees.
6. **Out-of-state enrollees:** Eligible employees residing out-of-state may receive care from any licensed optometrist, regardless of location.
7. **Employer contribution (used to determine participation requirements):** Employee contribution must be paid through pre-tax payroll deductions.
  - a. Employer-paid: Employer contributes at least 50% of the cost of the plan.
  - b. Voluntary: Employer contributes less than 50% of the cost of the plan (employee may contribute up to 100% toward the cost of the plan).
8. **Participation requirements (unless covered elsewhere):** Minimum requirement for vision plans: For groups 2-9, at least 2 must be enrolled. For groups 10-50, at least 25% of eligible employees must be enrolled.
9. **Waiving coverage:** Employees who contribute toward the cost of the premium for themselves and/or their dependents and employees/dependents with coverage elsewhere may have coverage waived.
10. **Open enrollment:** Employees who contribute toward the cost of coverage for themselves and/or their dependents, using pretax dollars, may enroll, terminate, or change dependents' status.
11. **Termination:** Vision coverage will end on the last day of the month when the primary enrollee is no longer eligible. Dependent coverage ends when a dependent is no longer eligible, or when the primary enrollee's coverage ends.
12. **Changing benefits:** Groups can only change benefits at the policy anniversary (renewal).

### For large group 51+ enrolled employees:

Our DeltaVision plans are sold in combination with Delta Dental plans. Contact your Delta Dental Sales Executive for more information.

### Enrolling a group

Enrolling a group in DeltaVision is easy. Call your Delta Dental Sales Executive about how to add DeltaVision to your group's Delta Dental program.





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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. The group contract would control if there should be any inconsistency or difference between its provisions and the information in this overview. Claims processing, claims service and provider network administration for DeltaVision are provided under contract by VSP. All other brands or marks are the property of their respective owners.

DeltaVision® is a registered trademark of the Delta Dental Plans Association. DeltaVision insurance plans are underwritten by Delta Dental of Connecticut, Inc., in partnership with VSP, Inc., which performs claims processing, customer service, and provider network administration for DeltaVision products. In Connecticut, Delta Dental of Connecticut, Inc., is a licensed insurer that markets and sells dental and vision coverage on an insured basis. Its parent company, Delta Dental of New Jersey, Inc. is a licensed third party administrator in Connecticut and administers self-funded dental benefit programs.

