DeltaVision®

Vision rates*

DeltaVision® is Delta Dental's vision product in partnership with VSP® Vision Care. Below are rates for our vision plans. Visit **vsp.com** to find a vision care provider and to access your benefits under your vision plan.

One Year Rates — Employer-paid**

	DeltaVision — 130	DeltaVision — 150	DeltaVision — 150 Plus	DeltaVision — 150 Plus with EasyOptions
Employee	$5.00	$5.30	$6.90	$9.30
Employee + Spouse	$10.10	$10.60	$13.70	$18.50
Employee + Child(ren)	$10.80	$11.30	$14.70	$19.80
Family	$17.20	$18.10	$23.50	$31.60

One Year Rates — Voluntary

	DeltaVision — 130	DeltaVision — 150	DeltaVision — 150 Plus	DeltaVision — 150 Plus with EasyOptions
Employee	$5.70	$6.00	$7.70	$10.40
Employee + Spouse	$11.30	$11.90	$15.50	$20.80
Employee + Child(ren)	$12.10	$12.80	$16.50	$22.30
Family	$19.30	$20.40	$26.40	$35.60

*Rates indicate monthly premium cost. Rates will be the same regardless of group size or region of the state of Virginia.
**For employer-paid, pool-rated groups 2-200, or voluntary pool-rated groups 2-300.

DeltaVision is underwritten by Stryden, Inc., an affiliate of Delta Dental of Virginia. Claims processing, claims service and provider network administration for DeltaVision are provided under contract by VSP.

DeltaVision®

Vision plans

Employer-paid plans for 2-200 and voluntary 2-300

With DeltaVision®, your clients have the choice of robust vision coverage. Take a look at the product chart below to help guide your clients to the best plan choice.

	DeltaVision — 130	DeltaVision — 150	DeltaVision — 150 Plus	DeltaVision — 150 Plus with EasyOptions
WellVision Exam® co-pay	$10	$10	$10	$10
Prescription glasses co-pay	$25	$25	$20	$20
Frame allowance	$130	$150	$150	$150
Contact allowance (instead of glasses)	$130	$150	$150	$150
Frequency of service (exam/lens/frame)	12/12/24	12/12/24	12/12/12	12/12/12
EasyOptions*				✓

*EasyOptions is a revolutionary customization feature that gives members the option for one of the following upgrades at the time of service: $250 frame allowance, $200 contact lens allowance (instead of glasses), anti-reflective lenses, progressive lenses or photochromic lenses.

DeltaVision is underwritten by Stryden, Inc., an affiliate of Delta Dental of Virginia. Claims processing, claims service and provider network administration for DeltaVision are provided under contract by VSP.

DeltaVision®

Vision underwriting guidelines

Underwriting Guidelines

1. Coverage is offered on an employer-sponsored basis only. An employer/employee relationship must exist; individuals who are not employees are not eligible for coverage. If the primary subscriber enrollment is fewer than five, dependents/spouse of the primary subscriber may not enroll in a separate contract to increase the group size. For example, an individual and spouse may not enroll as two separate "subscriber" contracts, or as "subscriber/child(ren)" contracts, even if both are employees. Association groups require Underwriting approval.

2. Virginia-based businesses enrolling 2-99 employees who are engaged in bona fide trade or commerce in the commonwealth are eligible. However, the following organizations are not eligible for coverage: fraternal organizations, sales groups, independent contractors and membership groups. A North American Industry Classification System (NAICS) number is required for rating purposes for all vision products.

3. All Voluntary groups of up to 300 eligible employees are rated together in a product pool. Groups with more than 300 eligible employees require Underwriting approval.

4. All plans utilize a five-tier rating structure consisting of subscriber, subscriber/spouse, subscriber/child(ren) and family. No other rating structures are available.

5. For rate guarantee, please refer to the rate page included in your quote documents. Underwriting Guidelines include, but are not limited to, minimum enrollment and employee participation levels. Coverage begins the first day of the month after the contract is issued. Please submit the group's data at least 15 days prior to the desired start date.

6. The eligibility waiting period for newly hired employees will be the first day of the month following 90 days from the date of hire. Coverage ends on the last day of the month that the member ceases to be eligible under the group dental plan. If a group's existing medical plan benefits have a different eligibility requirement, then Stryden, Inc. will match it for this coverage (for example: first day of the month following the date of hire).

7. Employees and their dependents NOT included in the initial enrollment may be eligible for coverage on the first day of the month following a qualifying event such as marriage or divorce, death of a spouse, birth of a child, legal adoption or loss of other group coverage. Otherwise, they may enroll only at the group's annual open enrollment period.

8. If an employee covered under one of the Voluntary plans drops coverage, he/she is not eligible to re-enroll until the second group open enrollment period after the date of termination. In addition, if the employee cancels after less than one year of enrollment, he/she must remit the balance of the first year's premium before re-enrolling.

9. Group acceptance is not guaranteed. Approval of coverage is contingent upon Underwriting acceptance and verification of employee participation.

10. DeltaVision must be the only employer-sponsored group vision plan offered to the group's employees.

11. Children are eligible for coverage until the end of the month following their 26th birthday under subscriber/child(ren) or family plans.

12. Premiums are based on the number of employees enrolled. For example, a group of 52 eligible employees that only enrolls 39 employees will be rated in the 10-49 pool.

13. Groups enrolling 10-99 employees may elect a High/Low Benefit Plan at standard pool rates subject to the following conditions: (1) The Low Plan is either DeltaVision — 130 or DeltaVision — 150, (2) The High Plan is DeltaVision — 150 Plus or DeltaVision — 150 Plus with EasyOptions, and (3) A minimum of 25% of those enrolling elect the High Plan; or we will allow two enrollees for a group of 10. Copays, allowances and frequencies may vary from the Low Plan to the High Plan. The combined participation level and employer contribution level must still meet stated requirements for this product. All employees must elect a plan at their initial enrollment and may only change plans during the group's annual open enrollment period (unless a qualifying event has occurred).

Exclusions and Limitations

- Services and/or materials not specifically included in this schedule as covered plan benefits.
- Plano lenses (lenses with refractive correction of less than ± .50 diopter), except as specifically allowed under the LightCare™ enhancement, if purchased by the client.
- Two pair of glasses instead of bifocals.
- Replacement of lenses, frames and/or contact lenses furnished under this Plan that are lost or damaged, except at the normal intervals when plan benefits are otherwise available.
- Orthoptics or vision training and any associated supplemental testing.
- Medical or surgical treatment of the eyes.
- Contact lens insurance policies or service agreements.
- Refitting of contact lenses after the initial (90-day) fitting period.
- Contact lens modification, polishing or cleaning.
- Local, state and/or federal taxes, except where Stryden, Inc. is required by law to pay.
- Services associated with corneal refractive therapy (CRT) or orthokeratology.