



A big EYEDEA from Delta Dental



DeltaVision®
In partnership with VSP®



DeltaVision® products

DeltaVision offers robust plans with a variety of copayment options, allowances and frequencies to fit any group. Plus, superior network access ensures your clients receive the benefits they want, when they want them. Our vision plans are designed to exceed your clients' expectations by delivering the best value, choices and service. It's our Member Promise¹ — your clients are happy, or we'll make things right.

DeltaVision — 130

DeltaVision — 130 offers affordable WellVision Exam^{®2} and prescription glasses copays, as well as a healthy \$130 frame or 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 DeltaVision — 130 plan has a 12/12/24 (exams/lens/frame) structure.

DeltaVision — 150

DeltaVision — 150 offers the same great benefits of DeltaVision — 130, but with a \$150 frame or contact lens allowance. Maybe you have a group that likes the plan design of the 130 but wants a higher allowance. This is the plan for them: a great plan at an excellent price. The DeltaVision — 150 plan has a 12/12/24 (exams/lens/frame) structure.

DeltaVision — 150 Plus

DeltaVision — 150 Plus is the next step up. A decreased prescription glasses copay and more frequent frame replacement allowance are the signature differences in this plan, allowing your groups' employees to get the benefits they want cheaper and sooner. The DeltaVision — 150 Plus plan has a 12/12/12 (exams/lens/frame) structure.

DeltaVision — 150 Plus with EasyOptions

DeltaVision — 150 Plus with EasyOptions is our most robust plan, offering all the benefits of the 150 Plus but with an exciting addition — EasyOptions. EasyOptions is a customization feature that gives members the option to choose one of five upgrades at the time of service. See more details in the pages of this kit. DeltaVision — 150 Plus with EasyOptions has a 12/12/12 (exams/lens/frame) structure.

We're also excited to offer additional benefits such as LightCare[™] and KidsCare, which can be added to any of these plan designs.

If you have questions about selling DeltaVision, or to get appointed, call your Delta Dental of Virginia sales representative. See page seven for contact information.

¹The VSP[®] Member Promise guarantees complete member satisfaction with services received from a VSP doctor.

²VSP, eyeconic.com, and WellVision Exam are registered trademarks. VSP LightCare is a trademark of Vision Service Plan.



Additional features and benefits

These features are not available as part of the online implementation process. To add these features, contact your sales representative for a quote.

EasyOptions

EasyOptions allows your groups' employees the option to choose the benefit that best suits their needs at the time of service. Here's how it works:

1. Members schedule an eye exam with a VSP network doctor.
2. During the appointment, members can choose from one of the following upgrades:
 - \$250 frame or \$200 contact lens allowance
 - Anti-reflective lenses
 - Progressive lenses
 - Light-reactive lenses

It's that simple! EasyOptions is available with DeltaVision® — 150 Plus with EasyOptions.

KidsCare

KidsCare meets the eye care and eyewear demands of your clients' growing children by providing two eye exams plus one additional pair of covered lenses with a minimum .50 diopter prescription change each year.

The rapid physical development of children in just one year can cause them to outgrow their glasses or experience changing vision needs. Which is why parents appreciate the financial security of having their children's eye care needs met more frequently, potentially saving hundreds of dollars, especially when children are prone to losing or breaking their glasses.

- 80% of what children learn is through their eyes.¹
- 20% of preschoolers have nearsightedness, farsightedness, astigmatism or other vision issues.²
- One in four children have vision problems that may affect learning, personality and adjustment in school.³

LightCare™

While many people understand the sun's ultraviolet (UV) rays cause skin cancer, only 6% know UV rays may also harm your eyes. UV exposure may lead to serious eye diseases that may result in high medical costs, lost productivity and drastic impacts to quality of life.

- Cataracts is the leading cause of vision loss in the U.S.⁴ It is estimated that 15 million people worldwide are blind due to cataracts; of these, some 10% may be due to exposure to UVR.⁵
- 1.8 million Americans age 40 and older have macular degeneration and another 7.3 million are at risk of developing the disease.⁶

LightCare encourages members to visit an eye care provider for an annual eye exam. Members who do not need prescription glasses or contacts can also use their frame allowance for nonprescription sunglasses or blue light filtering glasses.⁷

Additional benefits for the unique needs of our members. That's DeltaVision.

¹American Optometric Association. ²The Vision Council. ³Prevent Blindness America. ⁴Keep an Eye on Your Vision Health, Centers for Disease Control and Prevention, October 2020. ⁵World Health Organization, June 22, <https://www.who.int/news-room/fact-sheets/detail/ultraviolet-radiation>. ⁶Common Eye Disorders and Diseases, Centers for Disease Control & Prevention, <https://www.cdc.gov/visionhealth/basics/ced/index.html>. ⁷Research has linked exposure to blue light from digital devices to eye strain and fatigue which can reduce productivity.



Employer-paid plans for 2-99 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*				✓
LightCare™	Use your frame allowance toward ready-to-wear nonprescription sunglasses. Upgrade available for all plans for an additional fee.			
KidsCare**	Designed to meet the eye care and eyewear needs of active and growing children with greater benefits. Upgrade available for all plans for an additional fee.			

*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.

**KidsCare includes two fully-covered comprehensive eye exams plus one additional pair of covered lenses with a minimum .50 diopter prescription change each year.



One Year 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. For employer-paid, pool-rated groups 2-99, or voluntary pool-rated groups, 2-300.

EMPLOYER-PAID

Without LightCare™/KidsCare	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

With LightCare™/KidsCare	DeltaVision — 130	DeltaVision — 150	DeltaVision — 150 Plus	DeltaVision — 150 Plus with EasyOptions
Employee	\$5.50	\$5.80	\$7.50	\$10.10
Employee + Spouse	\$11.00	\$11.60	\$15.00	\$20.20
Employee + Child(ren)	\$11.70	\$12.40	\$16.00	\$21.60
Family	\$18.70	\$19.80	\$25.60	\$34.50

With LightCare™ ONLY**	DeltaVision — 130	DeltaVision — 150	DeltaVision — 150 Plus	DeltaVision — 150 Plus with EasyOptions
Employee	\$5.20	\$5.50	\$7.10	\$9.60
Employee + Spouse	\$10.50	\$11.00	\$14.30	\$19.20
Employee + Child(ren)	\$11.20	\$11.80	\$15.30	\$20.60
Family	\$17.90	\$18.90	\$24.40	\$32.90

With KidsCare ONLY**	DeltaVision — 130	DeltaVision — 150	DeltaVision — 150 Plus	DeltaVision — 150 Plus with EasyOptions
Employee	\$5.30	\$5.60	\$7.20	\$9.70
Employee + Spouse	\$10.60	\$11.10	\$14.40	\$19.40
Employee + Child(ren)	\$11.30	\$11.90	\$15.40	\$20.80
Family	\$18.00	\$19.00	\$24.70	\$33.20

*Rates will be the same regardless of group size or region of the state of Virginia. Rates are good for one year from effective date.

**LightCare™ allows members to use their primary frame allowance to cover nonprescription sunglasses or blue light filtering glasses instead of prescription glasses or contacts. KidsCare provides covered dependents two comprehensive eye exams and an additional pair of covered lenses with a prescription each year.

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.



One Year Vision Rates*

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VOLUNTARY

Without LightCare™/KidsCare	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

With LightCare™/KidsCare	DeltaVision — 130	DeltaVision — 150	DeltaVision — 150 Plus	DeltaVision — 150 Plus with EasyOptions
Employee	\$6.20	\$6.50	\$8.40	\$11.30
Employee + Spouse	\$12.30	\$13.00	\$16.80	\$22.70
Employee + Child(ren)	\$13.20	\$13.90	\$18.00	\$24.30
Family	\$21.10	\$22.20	\$28.80	\$38.80

With LightCare™ ONLY**	DeltaVision — 130	DeltaVision — 150	DeltaVision — 150 Plus	DeltaVision — 150 Plus with EasyOptions
Employee	\$5.90	\$6.20	\$8.00	\$10.80
Employee + Spouse	\$11.80	\$12.40	\$16.10	\$21.60
Employee + Child(ren)	\$12.60	\$13.30	\$17.20	\$23.20
Family	\$20.10	\$21.20	\$27.50	\$37.00

With KidsCare ONLY**	DeltaVision — 130	DeltaVision — 150	DeltaVision — 150 Plus	DeltaVision — 150 Plus with EasyOptions
Employee	\$5.90	\$6.30	\$8.10	\$10.90
Employee + Spouse	\$11.90	\$12.50	\$16.20	\$21.80
Employee + Child(ren)	\$12.70	\$13.40	\$17.40	\$23.40
Family	\$20.30	\$21.40	\$27.70	\$37.40

*Rates will be the same regardless of group size or region of the state of Virginia. Rates are good for one year from effective date.

**LightCare™ allows members to use their primary frame allowance to cover nonprescription sunglasses or blue light filtering glasses instead of prescription glasses or contacts. KidsCare provides covered dependents two comprehensive eye exams and an additional pair of covered lenses with a prescription each year.

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DeltaVision® eligibility and contribution requirements

Employees who work 20 hours or more per week are eligible. Ineligible and part-time employees, and employees who have other group vision coverage may be removed from the eligible total. If the employer chooses a Voluntary plan, the employer must agree to submit enrollment and collect premiums from subscribers. Minimum group contribution and participation requirements are below:

Employer-Paid Plans	
Eligible Employees	2-99
Minimum Participation Requirement	Minimum of 2 employees
Minimum Employer Contribution	Greater than 0%
Voluntary Plans	
Eligible Employees	2-300
Minimum Participation Requirement	Minimum of 2 employees
Minimum Employer Contribution	0%

DeltaVision® underwriting guidelines and plan provisions

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 $\pm .50$ 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.

Exclusions and Limitations — KidsCare (if applicable)

- Orthoptics or vision training and any associated supplemental testing.
- Corneal refractive therapy.
- Orthokeratology (a procedure using contact lenses to change the shape of the cornea in order to reduce myopia).
- Refitting of contact lenses after the initial (90-day) fitting period.
- Plano lenses (lenses with refractive correction of less than $\pm .50$ diopter).
- Two pair of glasses in lieu of bifocals.
- Replacement of lenses and frames furnished under this plan that are lost or broken, except at the normal intervals when services are otherwise available.
- Medical or surgical treatment of the eyes.
- Corrective vision treatment of an experimental nature.
- Services or materials of a cosmetic nature.
- Plano contact lenses to change eye color cosmetically.
- Artistically painted contact lenses.
- Contact lens insurance policies or service agreements.
- Additional office visits associated with contact lens pathology.
- Costs for services and/or materials exceeding plan benefit allowances.
- Services and/or materials not indicated on this rider as covered plan benefits.
- Services and/or materials provided by a nonmember provider.

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DeltaVision®

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DeltaDentalVA.com

DeltaDentalVABlog.com



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