



# Vermont Retail and Grocers' Association



DeltaVision®



Northeast Delta Dental

# Why choose DeltaVision<sup>®</sup>?

## Insured vision plans from Northeast Delta Dental\*



- DeltaVision<sup>®</sup> offers a network with 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:

INDEPENDENT  
PROVIDER  
NETWORK



LENSCRAFTERS<sup>®</sup>

PEARLE  
EST. 1961  
VISION<sup>®</sup>

OPTICAL

- Members are free to see the optical provider of their choice, either in- or out-of-network.
- Members receive the most value from their DeltaVision<sup>®</sup> benefits when they receive care from in-network providers.
- Members can apply their vision benefit to any brand of frame, lenses or contact lenses at the provider location they choose.
- 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 of our provider locations.
- Our Contact Lens by Mail program allows members to order replacement contact lenses on-line and have them delivered directly to their homes.
- Members have access to live customer service 102 hours per week (the most in the industry), including nights and weekends, from a world-class customer services team boasting an annual member satisfaction rate of 95%.
- ID cards include a summary of the plan design and a listing of local in-network providers based on the member's ZIP code.

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



IN-NETWORK. ONLINE. OUTSTANDING.

## There's more in store — online

Eyesight changes. How you buy eyewear is changing, too. That's why you have several in-network online shopping options to go with the thousands of in-network store locations.

Shop and buy glasses, contacts and prescription sunglasses just like you would in the store — but from your computer, smartphone, or tablet. It's fast, it's easy, and it's seamless with your benefits.

### CONVENIENT ONLINE SHOPPING

- Choose from hundreds of brand-name frames and contacts
- Instantly apply your in-network benefits at checkout
- Enjoy free shipping and returns at participating in-network providers

|                           |                    |
|---------------------------|--------------------|
| LENSCRAFTERS <sup>®</sup> | lenscrafters.com   |
| OPTICAL <sup>™</sup>      | targetoptical.com  |
| Ray-Ban                   | ray-ban.com        |
| GLASSES.com               | glasses.com        |
| contactsdirect            | contactsdirect.com |

You must have a valid prescription within the last 12 months in order to purchase prescription contacts and to purchase prescription contacts and glasses online.

**Don't have an up-to-date prescription? Simply schedule an eye exam online through the provider locator at <https://member.eyemedvisioncare.com/nedd>**

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## VRGA Plan Option 1

180 180 Voluntary

Effective Date: 5/01/2024

*DeltaVision® is supported by the nationwide EyeMed Vision Care Access Network, including private practitioners and the most popular retail and online retail locations.*

### DeltaVision Plan Summary

|  | Network Benefit                                  | Non-Network Reimbursement |
|--|--|---------------------------|
| Exam every <b>12 months</b> : Comprehensive with dilation as necessary   | Member co-pay \$10; plan pays balance            | Up to \$35                |
| Contact Lens Fit and Follow-up: Standard Lenses<br><small>Spherical clear contact lenses in conventional wear and planned replacement (Examples include but not limited to disposable, frequent replacement, etc.)</small> | Member pays up to \$55.00                        | None                      |
| Contact Lens Fit and Follow-up: Premium Lenses<br><small>Includes all lens designs, materials and specialty fittings other than Standard Contact Lenses (Examples include toric, multifocal, etc.)</small>                 | 10% discount off retail                          | None                      |
| *Frames every <b>24 months</b> : Any available frame at provider location  | \$180 allowance, then 20% off balance            | Up to \$90                |
| Standard Plastic Lenses every <b>12 months</b>   |  |                           |
| Single vision / Bifocal / Trifocal   | Member co-pay \$25, plan pays balance            | Up to \$25 / \$40 / \$55  |
| Lens Options   |  |                           |
| UV coating / Tint / Standard scratch resistance  | Member co-pay \$15 each                          | None                      |
| Standard polycarbonate   | Member co-pay \$40                               | None                      |
| Standard anti-reflective coating   | Member co-pay \$45                               | None                      |
| Standard progressive   | Member pays \$90                                 | None                      |
| Premium progressive  | \$90 co-pay, 80% of charge less \$120 allowance  | None                      |
| Other add-ons and services   | 20% off retail price                             | None                      |
| *Contact Lenses every <b>12 months</b> :<br><small>In lieu of spectacle lenses; allowance covers materials only.</small>   |  |                           |
| Conventional   | \$180 allowance, then 15% off balance            | Up to \$144               |
| Disposable   | \$180 allowance, member pays balance             | Up to \$144               |
| Medically necessary  | Paid in full                                     | Up to \$200               |
| Laser Vision Correction - Lasik or PRK   | 15% off retail price or 5% off promotional price | None                      |

\*Frame and Contact allowance are one-time-use benefits during frequencies shown.

### Additional In-Network Discounts

- 20% discount on items not covered by the plan at network providers, which may not be combined with any other discounts or promotional offers, and the discount does not apply to EyeMed provider's professional services, or contact lenses. Retail prices may vary by location.
- Members also receive a 40% discount off complete prescription eyeglass purchases and a 15% discount off conventional contact lenses once the funded benefit has been used.
- ContactsDirect.com and Glasses.com give members access to on-line retailers where benefits can be used. Visit these websites for additional information.
- Discounts do not apply for benefits provided by other group benefit plans.

### Monthly Premium

**Employee Only - \$6.49 | Employee + One - \$11.15 | Family - \$19.95**



## VRGA Plan Option 2

150 150 Voluntary

Effective Date: 5/01/2024

*DeltaVision® is supported by the nationwide EyeMed Vision Care Access Network, including private practitioners and the most popular retail and online retail locations.*

### DeltaVision Plan Summary

|  | Network Benefit                                  | Non-Network Reimbursement |
|--|--|---------------------------|
| Exam every <u>12 months</u> : Comprehensive with dilation as necessary   | Member co-pay \$10; plan pays balance            | Up to \$35                |
| Contact Lens Fit and Follow-up: Standard Lenses<br><i>Spherical clear contact lenses in conventional wear and planned replacement (Examples include but not limited to disposable, frequent replacement, etc.)</i> | Member pays up to \$55.00                        | None                      |
| Contact Lens Fit and Follow-up: Premium Lenses<br><i>Includes all lens designs, materials and specialty fittings other than Standard Contact Lenses (Examples include toric, multifocal, etc.)</i>                 | 10% discount off retail                          | None                      |
| *Frames every <u>24 months</u> : Any available frame at provider location  | \$150 allowance, then 20% off balance            | Up to \$75                |
| Standard Plastic Lenses every <u>12 months</u><br>Single vision / Bifocal / Trifocal   | Member co-pay \$25, plan pays balance            | Up to \$25 / \$40 / \$55  |
| <b>Lens Options</b>  |  |                           |
| UV coating / Tint / Standard scratch resistance  | Member co-pay \$15 each                          | None                      |
| Standard polycarbonate   | Member co-pay \$40                               | None                      |
| Standard anti-reflective coating   | Member co-pay \$45                               | None                      |
| Standard progressive   | Member co-pay \$90                               | None                      |
| Premium progressive  | \$90 co-pay, 80% of charge less \$120 allowance  | None                      |
| Other add-ons and services   | 20% off retail price                             | None                      |
| <b>*Contact Lenses every 12 months:</b><br><i>In lieu of spectacle lenses; allowance covers materials only.</i>  |  |                           |
| Conventional   | \$150 allowance, then 15% off balance            | Up to \$120               |
| Disposable   | \$150 allowance, member pays balance             | Up to \$120               |
| Medically necessary  | Paid in full                                     | Up to \$200               |
| Laser Vision Correction - Lasik or PRK   | 15% off retail price or 5% off promotional price | None                      |

\*Frame and Contact allowance are one-time-use benefits during the frequencies shown.

### Additional In-Network Discounts

- 20% discount on items not covered by the plan at network providers, which may not be combined with any other discounts or promotional offers, and the discount does not apply to EyeMed provider's professional services, or contact lenses. Retail prices may vary by location.
- Members also receive a 40% discount off complete prescription eyeglass purchases and a 15% discount off conventional contact lenses once the funded benefit has been used.
- ContactsDirect.com and Glasses.com give members access to on-line retailers where benefits can be used. Visit these websites for additional information.
- Discounts do not apply for benefits provided by other group benefit plans.

### Monthly Premium

Employee Only - \$5.83 | Employee + One - \$10.00 | Family - \$17.89



## VRGA Plan Option 3

130 130 Voluntary

Effective Date: 5/01/2024

*DeltaVision® is supported by the nationwide EyeMed Vision Care Access Network, including private practitioners and the most popular retail and online retail locations.*

### DeltaVision Plan Summary

|  | Network Benefit                                  | Non-Network Reimbursement |
|--|--|---------------------------|
| Exam every <b>12 months</b> : Comprehensive with dilation as necessary   | Member co-pay \$10; plan pays balance            | Up to \$35                |
| Contact Lens Fit and Follow-up: Standard Lenses<br><i>Spherical clear contact lenses in conventional wear and planned replacement (Examples include but not limited to disposable, frequent replacement, etc.)</i> | Member pays up to \$55.00                        | None                      |
| Contact Lens Fit and Follow-up: Premium Lenses<br><i>Includes all lens designs, materials and specialty fittings other than Standard Contact Lenses (Examples include toric, multifocal, etc.)</i>                 | 10% discount off retail                          | None                      |
| *Frames every <b>24 months</b> : Any available frame at provider location  | \$130 allowance, then 20% off balance            | Up to \$65                |
| Standard Plastic Lenses every <b>12 months</b><br>Single vision / Bifocal / Trifocal   | Member co-pay \$25, plan pays balance            | Up to \$25 / \$40 / \$55  |
| <b>Lens Options</b>  |  |                           |
| UV coating / Tint / Standard scratch resistance  | Member co-pay \$15 each                          | None                      |
| Standard polycarbonate   | Member co-pay \$40                               | None                      |
| Standard anti-reflective coating   | Member co-pay \$45                               | None                      |
| Standard progressive   | Member co-pay \$90                               | None                      |
| Premium progressive  | \$90 co-pay, 80% of charge less \$120 allowance  | None                      |
| Other add-ons and services   | 20% off retail price                             | None                      |
| <b>*Contact Lenses every 12 months:</b><br><i>In lieu of spectacle lenses; allowance covers materials only.</i>  |  |                           |
| Conventional   | \$130 allowance, then 15% off balance            | Up to \$104               |
| Disposable   | \$130 allowance, member pays balance             | Up to \$104               |
| Medically necessary  | Paid in full                                     | Up to \$200               |
| Laser Vision Correction - Lasik or PRK   | 15% off retail price or 5% off promotional price | None                      |

\*Frame and Contact allowance are one-time-use benefits during the frequencies shown.

### Additional In-Network Discounts

- 20% discount on items not covered by the plan at network providers, which may not be combined with any other discounts or promotional offers, and the discount does not apply to EyeMed provider's professional services, or contact lenses. Retail prices may vary by location.
- Members also receive a 40% discount off complete prescription eyeglass purchases and a 15% discount off conventional contact lenses once the funded benefit has been used.
- ContactsDirect.com and Glasses.com give members access to on-line retailers where benefits can be used. Visit these websites for additional information.
- Discounts do not apply for benefits provided by other group benefit plans.

## Monthly Premium

**Employee Only - \$5.06** | **Employee + One - \$8.67** | **Family - \$15.52**

ONLINE ACCESS TO VISION BENEFIT INFORMATION

## How to: easily access your vision plan information

*MEMBER WEB AT <https://member.eyemedvisioncare.com/nedd>*

Your vision plan information should be easy to see. And, since DeltaVision® is powered by EyeMed, that's exactly what it is — easy. Member web at <https://member.eyemedvisioncare.com/nedd> is your vision plan control center. It is a place to manage the details of every visit to the eye doctor and every vision claim submitted. Online. Anytime. Anywhere.

*START MANAGING YOUR VISION PLAN IN A FEW EASY STEPS*

- Visit <https://member.eyemedvisioncare.com/nedd>
- If you're a new user, click on "Need to register?" to create an account.
- Register using your member ID (You'll get an email asking you to confirm your account).\*
- Finish setting up your new account with your email address and a password (To keep it secure, we'll list some password "musts").
- Come back anytime to change your password, email address and billing preferences (It's all under Manage Profiles).

*LOG IN 24/7 TO:*

- View your benefit details
- Confirm eligibility
- Check claim status
- Print replacement ID cards
- Locate a provider
- Schedule an appointment online\*\*
- View health and wellness information

Register at <https://member.eyemedvisioncare.com/nedd> or grab the member app (App Store or Google Play) now.

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*\*Depends on how your vision benefit administrator entered you into the system. \*\*Most, but not all, network providers offer this*

Rev. 03/15/24

## Your eyes are a window to overall health and wellness

Besides measuring your vision, routine eye exams are a simple, non-invasive tool that can help identify early signs of certain chronic health conditions, including high blood pressure, diabetes, heart disease and high cholesterol.<sup>1</sup>

And because early detection is key for treatment, regular eye examinations play a vital role in a healthy life.

### The importance of good vision care is clear to see at every age:

- 80% of learning in a child's first 12 years comes through the eyes. Up to 25% of school-age children may have vision problems that can affect learning.<sup>2</sup>
- 5.3 million U.S. adults have diabetic retinopathy, which is the number one cause of blindness in Americans 18 and older.<sup>3</sup> 50,000 people lose their sight each year even though half of all causes of blindness can be prevented with proper care.
- 2.7 million U.S. adults over 40 have glaucoma, which is a leading cause of blindness. And 24.4 million U.S. adults over age 40 have cataracts, which can result in double or blurred vision.

For benefit questions, contact the Customer Care Center by calling **1-866-723-0513**. Hours of live operation are Monday through Saturday from 6:30 a.m. to 10 p.m. CST and Sunday from 10 a.m. to 7 p.m. CST

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<sup>1</sup>American Academy of Ophthalmology, "Frequency of Ocular Examinations," 2009.

<sup>2</sup>Vision Council, February 2012 Parent for Child Report.

<sup>3</sup>Centers for Disease Control and Prevention, 2015

# Benefit plan questions...

## How do I use my vision benefit?

To access your vision benefit:

1. Locate an in-network provider of your choice by visiting [member.eyemedvisioncare.com/nedd/](https://member.eyemedvisioncare.com/nedd/) or calling the Customer Care Center at 1-866-723-0513.
2. Schedule an appointment. Many of our providers also offer walk-in appointments, in which case, an appointment is not necessary.
3. When you arrive, present your ID card **OR** simply give your name, address, and date of birth.
4. Your in-network provider will file claims on your behalf — so you don't have to worry about anything!

## Will I be able to choose any eyewear product available at an in-network provider location?

Yes! With DeltaVision®, you can apply your benefit toward any available frame or brand of contact lenses that fit your vision needs and lifestyle.

## Does DeltaVision® offer additional discounts beyond the benefit plan?

Yes! You will have the following additional savings with a funded vision benefit:

- 20% off any remaining frame balance above the frame allowance
- 40% off additional complete pairs of glasses
- 15% off any remaining conventional contact lens balance
- 20% off non-covered items, including non-prescription sunglasses, accessories and lens cleaner
- 15% off the standard price or 5% off any promotional price of LASIK or PRK services



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