

# DeltaVision®

Insured vision plans from Delta Dental of Arizona



# Quick Facts



## Network Access

- DeltaVision is supported by an EyeMed Vision Care network with access to more than 40,000 providers nationwide, including nearly 3,400 access points in Arizona.
- EyeMed's large provider network includes private practitioners and the most popular vision retail outlets.
- In urban and suburban areas, 99% of the population has access to at least two providers within 10 miles.
- Instant on-line access to EyeMed's national network.

## Combine With Dental & Save!

- If DeltaVision is paired with a dental plan from Delta Dental of Arizona, a discount in vision rates will be applied.

## Convenient Billing

- Combined dental and vision billing is available.
- Individual COBRA billing is not available.

## Why Offer DeltaVision?

- 73% of the U.S. population 18 years and older wear some form of vision correction.
- 50% of all adults have vision coverage.
- Over 30 million Americans wear contact lenses.

The widespread popularity of vision coverage is easy to see in the numbers. Studies that measure consumer perceptions and expectations reveal several similarities in consumer attitudes between what consumers expect and value in both vision coverage and other health care coverage. Concerns over costs, benefits and access to providers resonate throughout the studies.

Delta Dental, through its wholly-owned subsidiary Canyon Insurance Services, has partnered with EyeMed Vision Care to provide our clients with the best vision product possible, providing access and choice of providers that today's consumers demand. DeltaVision is a new tool to provide employees benefits that contribute to the overall health of our insureds.

Like dental coverage, vision insurance generally encourages regular examinations. During this examination, the eye doctor checks for glaucoma, retinopathy and macular degeneration. In the process of performing this examination, the eye doctor is able to detect non-eye-specific medical conditions such as diabetes and high blood pressure, providing another opportunity for early detection.

EyeMed Vision Care is one of the leading vision managed care organizations in the industry, administering vision plans since 1988. EyeMed administers plans for more than 2,800 health care plans and commercial clients. This means that over 120 million members enjoy the benefits of an EyeMed-supported product. EyeMed provides informative communications, self-service tools and the longest customer service hours in the industry. And subscribers will appreciate the choice of convenient private practice or retail provider locations that make it easy to access care.

# DeltaVision Benefit Options

	Full Plans	Materials-Only Plans
	In-Network Benefit Options	In-Network Benefit Options
Frame / Contact Lens Allowance	\$150/\$150 \$130/\$120 \$100/\$80	\$250 \$200 \$150
Copay (Exams/Standard Plastic Lenses)	\$0/\$0 \$10/\$10 \$20/\$20	Not Applicable
Frequency (Exams/Lenses or Contact Lenses/Frames)	12/12/12 12/12/24	NA/12/12
Employer Contribution	0-100%	0-100%
Rate Structure	2 tier 3-tier 4-tier	2 tier 3-tier 4-tier
Participation Requirements	2 lives	2 lives
Dependent Age Limitation	Dependents covered to age 19; full-time students covered to age 25.	Dependents covered to age 19; full-time students covered to age 25.

## Additional In-Network Discounts

- **20% discount** on items not covered by the plan at network providers. This discount may not be combined with any other discounts or promotional offers. The discount does not apply to an EyeMed provider's professional services, or contact lenses. Retail prices may vary by location.
- **40% discount** off complete eyeglass purchases, once the funded benefit has been used.
- **15% discount** off conventional contact lenses, once the funded benefit has been used.
- **Buy Contacts Online and Save!** After initial purchase, replacement contact lenses may be obtained via the Internet at substantial savings, and mailed directly to the member. Details are available at [www.eyemedcontacts.com](http://www.eyemedcontacts.com). The contact lens benefit allowance is not applicable to this service.

*Discounts do not apply for benefits provided by other group benefit plans.*

## Non-Network Reimbursements

- Out-of-network reimbursements vary on the basis of plan design. See the following pages for more information.



# DeltaVision Plan Summary - Full Plans

	Network Benefit	Non-Network Reimbursement
Exam - comprehensive, with dilation as necessary <i>(Comprehensive spectacle Exam)</i>	Member pays copay, plan pays balance	\$35
Contact Lens Fit & Follow-up: Standard Lenses <i>Lenses that are spherical power only, soft lens materials, including planned replacement and conventional lenses. Lenses are to be used in a daily wear (removed prior to sleep) mode only.</i>	Paid in full <i>(fit and two follow-up visits are available once a comprehensive eye exam has been completed)</i>	\$40
Contact Lens Fit & Follow-up: Premium Lenses <i>Includes all lens powers and designs other than spherical powers (i.e., toric, multifocal, etc.), modes of wear that are extended or overnight schedules and rigid or gas-permeable materials.</i>	10% off the retail price, then a \$55 member allowance is subtracted and member pays remaining balance <i>(available once a comprehensive eye exam has been completed)</i>	\$40
Frames - <i>Any available frame at provider location</i>	Plan pays frame allowance amount, then 20% off balance	Varies from \$50 to \$75, depending on in-network copay amount
Standard Plastic Lenses		
Single vision	Member pays copay, plan pays balance	\$25
Bifocal	Member pays copay, plan pays balance	\$40
Trifocal	Member pays copay, plan pays balance	\$55
Lens Options		
UV coating	Member pays \$15	None
Tint (solid or gradient)	Member pays \$15	None
Standard scratch resistance	Member pays \$15	None
Standard polycarbonate	Member pays \$40	None
Standard progressive	Member pays \$65 to \$85, depending on copay amount	None
Premium progressive	Member pays \$55 to \$75, depending on copay amount	None
Standard anti-reflective coating	Member pays \$45	None
Other add-ons and services	20% off retail price	None
Contact Lenses - In Lieu of Spectacle Lenses <i>(Contact Lens allowance covers materials only)</i>		
Conventional	Plan pays contact lens allowance amount, then 15% off balance	Varies from \$64 to \$120, depending on the in-network allowance
Disposable	Plan pays contact lens allowance	Varies from \$64 to \$120, depending on the in-network allowance
Medically necessary	Paid in full	\$200
Laser Vision Correction - LASIK or PRK	15% off retail price or 5% off promotional price	None

# DeltaVision Plan Summary - Materials-Only Plans

	Network Benefit	Non-Network Reimbursement
Exam - with dilation as necessary ( <i>Comprehensive Spectacle Exam</i> )	Not applicable	None
Frames - <i>Any available frame at provider location</i>	Plan pays selected allowance. Member receives a 20% discount off balance for eyeglass materials, <b>or</b> a 15% discount off balance for conventional contact lens materials (no additional discount on disposable lenses).	Varies from \$100-\$125 for frames, depending on the in-network allowance selected; or \$160 for contact lens materials
Standard Plastic Lenses and Lens Options		
Contact Lenses - <i>Includes materials</i>		
Conventional		
Disposable		
Medically necessary ( <i>authorization required</i> )	Paid in full	\$200
Laser Vision Correction - LASIK or PRK	15% off retail price or 5% off promotional price	None

## Administrative Services Only (ASO) & Other Non-Standard Plans

For groups over 2,000 lives, quotes for fully-insured non-standard plans may be requested, as well as quotes for self-insured plans. Contact a Delta Dental of Arizona sales representative for more details.

## Contact Information - [www.deltadentalaz.com](http://www.deltadentalaz.com)

Enrollment/Change Forms:  
Delta Dental of Arizona  
Attention: DeltaVision Enrollment  
P.O. Box 41067  
Phoenix, AZ 85080-1067

Billing Remittance:  
Delta Dental of Arizona  
Attention: DeltaVision Billing  
P.O. Box 61595  
Phoenix, AZ 85082-1595

DeltaVision Sales Department  
Hours of Operation:  
M-F 8 a.m. to 4:30 p.m. (CST)

Phone: 602-938-3131  
Toll-Free: 888-267-6453  
Fax: 602-588-3921  
Email: [sales@deltadentalaz.com](mailto:sales@deltadentalaz.com)

New Group Enrollment:  
Hours of Operation:  
M-F 8 a.m. to 4:30 p.m. (CST)

Phone: 602-938-3131  
Toll-Free: 800-352-6132  
Fax: 602-548-5075  
Email: [visionenroll@deltadentalaz.com](mailto:visionenroll@deltadentalaz.com)

EyeMed Member Services:  
[www.eyemedvisioncare.com](http://www.eyemedvisioncare.com)  
Toll-Free: 866-246-9041  
Hours of Operation:  
Monday – Saturday 5 a.m. to 8 p.m. (PST)  
Sunday 8 a.m. to 5 p.m. (PST)

Once members receive their ID cards, they can register on the EyeMed website to view eye care and eyewear information, benefit information and how to utilize the plan, check for eligible services, request a duplicate ID card, find an Access Network plan provider, print a benefit summary and contact member services via email.



# Plan Limitations/Exclusions

The following items are not covered 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, and safety eyewear unless specifically covered under plan.
- Services provided as a result of any worker's compensation law.
- Plano nonprescription lenses and nonprescription sunglasses (except for 20% discount).
- Aniseikonic lenses.
- Services or materials provided by any other group benefit providing vision care.
- Two pairs of glasses in lieu of bifocals.
- Allowances are one-time-use benefits; no remaining balance.
- Lost or broken materials are not covered.



## How To Enroll a Group

**Master Application:** Original returned, completed and signed

**Employee Enrollment Forms:** All employees enrolling must complete an enrollment form

**1st Month's Premium Check:** Based on actual enrollment and cannot vary by more than 10% from actual amount required

**For All Vision Plans:** A minimum of 3 (three) employees must enroll in order to issue a contract

**Employer Paid Plans:** Employer must contribute 99% of the employee premium or the vision plan enrollment must be bundled with either a group medical or group dental plan

**Broker Forms:** Brokers that have not previously sold a Canyon Insurance product will need to complete the following forms, which will be sent upon notification to CIS of a new case:

- ✓ *Agent Agreement*
- ✓ *Addendum to Agents Agreement*
- ✓ *W9 Form*

All of the above requirements must be submitted together to Canyon Insurance Services, Inc. (CIS) for installation of a new group. If any of the above listed items are missing or incomplete, there may be a delay in processing.

## Underwriting Guidelines

Once a new employer group is approved and entered into our system, a billing group number will be issued by CIS and a separate member group number (this will be used for eligibility purposes by EyeMed and printed on the member's ID cards) will be issued. A formal group contract will be issued, along with an administrative guide and materials. Each enrolled employee will be sent an enrollment kit directly from EyeMed at the address listed on their enrollment form. The enrollment kit will include ID card(s), benefit information and a listing of contracted Access Network providers nearest the zip code listed on the enrollment form submitted by the employee. The enrollment kit will be mailed out approximately ten to fifteen business days once the enrollment data is processed and entered into the system. Additional ID cards, benefit information look-up and provider listings can be obtained by the member by registering on EyeMed's member website at [www.eyemedvisioncare.com](http://www.eyemedvisioncare.com) or by calling EyeMed's Customer Service Department at 1-866-246-9041.

