

DeltaVision®

Partner with EyeMedSM Vision Care

for

VACEPlus



EyeMedSM Network

- *Access Network* – EyeMed’s largest with a broad mix of independent providers, local optical retailers, and nationally recognized retailers.
- Members are free to see the optical provider of their choice, either in- or out-of-network.
- Members receive the most value when they receive care from in-network providers.
- To locate an in-network provider, please visit:
<https://eyedoclocator.eyemedvisioncare.com/nedd/en>

INDEPENDENT
PROVIDER
NETWORK



LENSCRAFTERS

PEARLE
EST. 1941
VISION

OPTICAL

Convenient Shopping Online

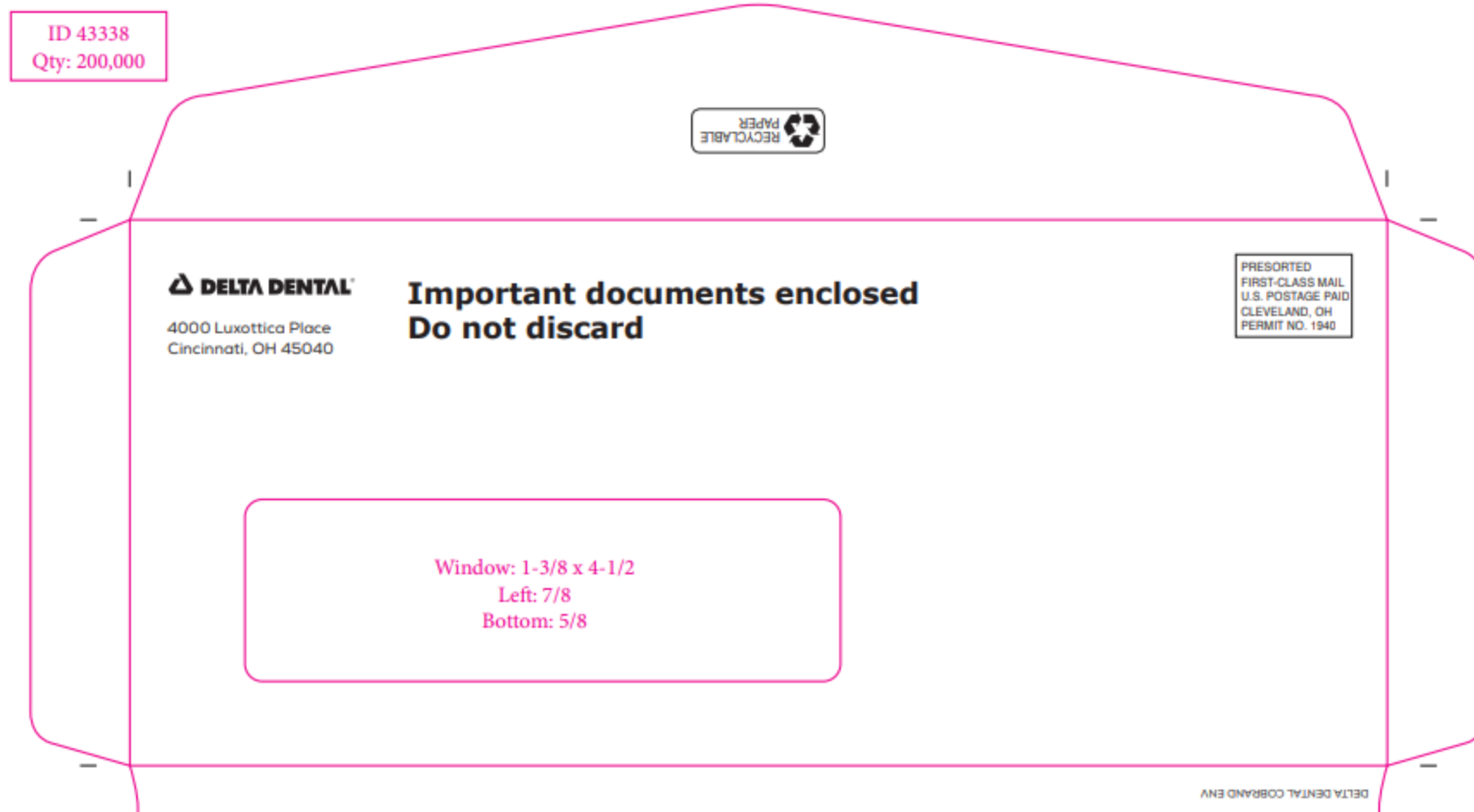
Shop and buy glasses, contacts and prescription sunglasses just like you would in the store — but from your computer, smartphone, or tablet. It's fast, it's easy, and it's seamless with your benefits!

| | |
|----------------|---|
| LENSCRAFTERS® | lenscrafters.com |
| 🎯 OPTICAL™ | targetoptical.com |
| Ray-Ban® | ray-ban.com |
| GLASSES.com | glasses.com |
| contactsdirect | contactsdirect.com |

DeltaVision Brief Overview

| <u>Benefit</u> | <u>Frequency</u> | <u>Network Benefit</u> |
|--|------------------|---|
| Exam | 12 months | \$10 Copay |
| Frames | 12 months | \$180 Allowance then 20% off balance |
| Standard Plastic Lenses Single/Bifocal/Trifocal | 12 months | Member pays \$10 (Lens options: Copays in addition to the \$10 copay) |
| Contact Lenses in lieu of spectacle lenses | 12 months | |
| • Conventional | | \$180 Allowance then 15% off balance |
| • Disposable | | \$180 Allowance, member pays balance |
| • Medically Necessary | | Paid in full |

EyeMedSM ID Card Envelope



EyeMedSM ID Cards



www.inserturl.com
Member/Patient Services:(XXX) XXX-XXXX
Insert Network
Company Name
Member Name
Member ID: XXXXXXXXXXXX
Group #:XXXXXXXX
Effective: XX/XX/XXXX

DeltaVision[®]
Underwritten by Red Tree
Insurance Company, Inc.,
a Northeast Delta Dental
Company



www.inserturl.com
Member/Patient Services:(XXX) XXX-XXXX
Insert Network
Company Name
Member Name
Member ID: XXXXXXXXXXXX
Group #:XXXXXXXX
Effective: XX/XX/XXXX

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Company

<Delta Dental Insert State> has partnered with EyeMed to bring you a DeltaVision[®] plan built with the right mix of providers and benefit options to ensure you have the choices, flexibility and savings that meet your vision care needs.

Professional Providers Near You

| | |
|----------------|----------------|
| Provider Name | Provider Name |
| Location | Location |
| Proximity | Proximity |
| Address Line 1 | Address Line 1 |
| Address Line 2 | Address Line 2 |
| Phone Number | Phone Number |

| | |
|----------------|----------------|
| Provider Name | Provider Name |
| Location | Location |
| Proximity | Proximity |
| Address Line 1 | Address Line 1 |
| Address Line 2 | Address Line 2 |
| Phone Number | Phone Number |

This Certificate of Insurance is on file with your employer.
Contact your employer to review a copy of the certificate.

Vision Benefit Summary

| Service Type | Allowed Frequency - Adults | Allowed Frequency - Kids |
|---|------------------------------------|-------------------------------------|
| Exam | Once every calendar year | Once every calendar year |
| Lenses | Once every calendar year | Once every calendar year |
| Frames | Once every 2 years | Once every 2 years |
| Contact Lenses | Once every calendar year | Once every calendar year |
| (Plan allows the member to receive either contacts and frame, or frame and lens services) | | |
| Vision Care Services | Member Cost In-network | Out-of-Network Member Reimbursement |
| Exam Services Exam with Dilation as Necessary Retinal Imaging | \$10 Copay Up to \$39 | Up to \$40 |
| Contact Lens Fit and Follow-up Fit and Follow-up Standard Fit and Follow-up Prem | Up to \$55 10% off Retail Price | |

EyeMedSM Member Portal

Register at:

<https://member.eyemedvisioncare.com/member/en/register>

LOG IN 24/7 TO:

- View your benefit details
- Confirm eligibility
- Check claim status
- Print replacement ID cards
- Locate a provider
- View health and wellness information

Register using your member ID (You'll get an email asking you to confirm your account).

* Dependent children and spouses of the primary member will need to call 1-866-723-0513 to obtain a unique ID for registration.

Member Web Registration

Let's get started – enter your information below.
Required fields are marked with an asterisk (*).

First name *

Last name *

Date of birth (MM/DD/YYYY) *

Member ID *

OR

Last 4 digits of SSN *

Note: Your SSN can be used if your employer has it on file. If we don't, use your Member ID.

Zip code

Note: A 5 digit Zip code

User ID/email *

Note: Must be a valid Email address

DeltaVision® Customer Service

7:30 AM to 11:00 PM EST Monday - Saturday

11:00 AM to 8:00 PM EST on Sunday

1-866-723-0513

www.eyemedvisioncare.com