



# DeltaVision

## NH Motor Transport Association

150 150 Voluntary

Effective Date: January 1, 2016

***Congratulations! You have the opportunity to enroll in a comprehensive yet affordable insured vision benefit program offered through DeltaVision®. According to Vision Watch, nearly 76% of U.S. adults 18 and older use some form of vision correction. Now you can take care of your vision needs with DeltaVision®. Below is a brief description of the benefits and rates. DeltaVision® is supported by an EyeMed Vision Care® network with almost 67,000 providers at over 26,700 locations nationwide, including private practitioners and the most popular optical retail outlets LensCrafters®, Target Optical®, Sears Optical®, JCPenney® Optical and many Pearle Vision® locations.***

### DeltaVision Plan Summary

	Network Benefit	Non-Network Reimbursement
<b>Exam every 12 months:</b> Comprehensive with dilation as necessary	Member pays \$10; plan pays balance	\$35
<b>Contact Lens Fit and Follow-up: Standard Lenses</b> <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
<b>Contact Lens Fit and Follow-up: Premium Lenses</b> <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
<b>Frames every 24 months:</b> Any available frame at provider location	\$150 allowance, then 20% off balance	\$75
<b>Standard Plastic Lenses every 12 months</b>		
Single vision / Bifocal / Trifocal	Member pays \$25, plan pays balance	\$25 / \$40 / \$55
<b>Lens Options</b>		
UV coating / Tint / Standard scratch resistance	Member pays \$15 each	None
Standard polycarbonate	Member pays \$40	None
Standard anti-reflective coating	Member pays \$45	None
Standard progressive (Add-on to Bifocal)	Member pays \$65	None
Other add-ons and services	20% off retail price	None
<b>Contact Lenses every 12 months:</b> In lieu of spectacle lenses. Allowance covers materials only		
Conventional	\$150 allowance, then 15% off balance	\$120
Disposable	\$150 allowance, member pays balance	\$120
Medically necessary	Paid in full	\$200
<b>Laser Vision Correction - Lasik or PRK</b>	15% off retail price or 5% off promotional price	None

### Monthly Rates

Employee	\$7.52
Employee + One	\$12.89
Family	\$23.08

Rates Guaranteed Until: December 31, 2017

**To locate a participating provider, log on to [www.eyemedvisioncare.com](http://www.eyemedvisioncare.com) Access Network or call 1-866-723-0513.**

### 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.
- 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.eyemedvisioncare.com](http://www.eyemedvisioncare.com). The contact lens benefit allowance is not applicable to this service.
- Discounts do not apply for benefits provided by other group benefit plans.

This document is intended to be only a summary description of the program benefits. It is not intended to describe all terms, conditions and limitations of the coverage. Please refer to the Vision Plan Description (VPD) for the actual terms, conditions and limitations of the coverage summarized in this document.