

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

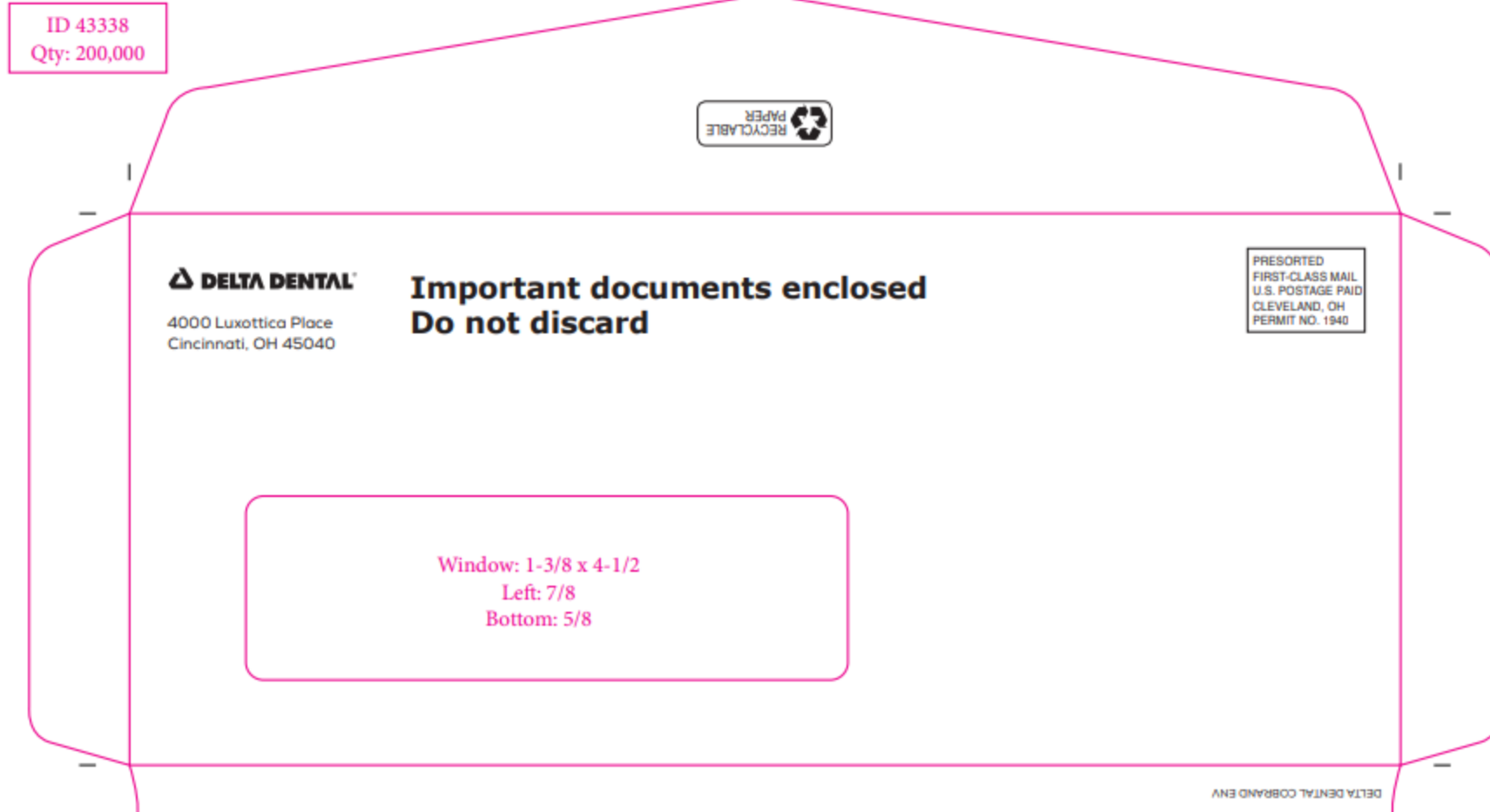
Shop and buy glasses, contacts and prescription sunglasses just like you would in the store – but from your computer, smartphone, or tablet. It's fast, it's easy, and it's seamless with your benefits!

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	
<ul style="list-style-type: none"> • Conventional 		\$180 Allowance then 15% off balance
<ul style="list-style-type: none"> • Disposable 		\$180 Allowance, member pays balance
<ul style="list-style-type: none"> • 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

DeltaVision[®]
 Underwritten by Red Tree Insurance Company, Inc., a Northeast Delta Dental 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 Location Proximity Address Line 1 Address Line 2 Phone Number	Provider Name Location Proximity Address Line 1 Address Line 2 Phone Number
Provider Name Location Proximity Address Line 1 Address Line 2 Phone Number	Provider Name Location Proximity Address Line 1 Address Line 2 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