

VACE *plus*

Northeast Delta Dental program

DeltaVision® program

Dental and vision benefit programs designed especially for Chamber of Commerce member businesses and their employees

DELTA DENTAL®

DELTAVISION®

Welcome to the VACEplus Northeast Delta Dental insurance program

The VACEplus insurance program is provided by Northeast Delta Dental and Chamber Benefits, Inc., a subsidiary of the Vermont Chamber of Commerce Executives (VACCE) for chambers of commerce in Vermont, employer members, and their employees.

Join hundreds of member groups and thousands of employees throughout Vermont who participate in the VACEplus dental program. Although VACEplus members may see any dentist they wish, you'll get the best value from your Northeast Delta Dental coverage when you receive care from a participating network provider. Delta Dental provides the most extensive dental networks available.

- The **Delta Dental PPO**™ network is more deeply discounted and provides patients with the greatest savings.
- The **Delta Dental Premier**® network is the largest in the country, with more than 151,000 dentists participating.
- The **Delta Dental PPO Plus Premier**™ network, used by the VACE dental plan, offers the best of both.

The Delta Dental Difference®

You are free to see any dentist you wish, but you'll get the best value from your Delta Dental program when you receive care from one of our PPO (greatest savings) or Premier network dentists. Of the claims we process, 92% are from network providers. The benefits of seeing a participating dentist include:

- **No balance billing -** Because participating dentists accept our allowances for services, you will normally pay less when you visit a participating dentist.
- **No up-front payments -** Participating dentists agree not to charge their Delta Dental patients up front for covered services.
- **No claims paperwork -** Participating dentists will prepare and submit claims on your behalf.
- **Direct payment -** Northeast Delta Dental pays the dentist directly, so you don't have to pay the covered amount up front and wait to be reimbursed.

Vision & hearing discount program

A vision discount program through EyeMed Vision Care is free to all Northeast Delta Dental subscribers and their dependents. The program includes discounts on exams, lenses, frames, and more! Your hearing discount includes discounted, set pricing on thousands of hearing aids and 40% off hearing exams at convenient locations! To access the discount, simply present your Northeast Delta Dental identification card when visiting participating EyeMed providers. For more information, visit www.nedelta.com/patients/eyemed-discount and www.amplifonusa.com/our-program/clinic-locator.



Double-Up Max℠

Benefits when you need them

Dental services can be expensive, and sometimes the annual maximum isn't enough. Members can **double** their annual maximum by earning an additional $250 per year for use in future benefit periods. Here's how it works:

- To qualify, an enrollee must have a claim paid for either an oral exam or a cleaning during a calendar year (a focus on prevention), and their total paid claims cannot exceed $500 during the same calendar year.
- An additional $250 will carry over each year of qualification up to an amount equal to the original annual maximum. If, for example, the calendar year maximum is $2,000, members can ultimately achieve a maximum of $4,000.
- This feature does not apply to orthodontic benefits.

DELTA DENTAL®

Enhanced dental benefits



Northeast Delta Dental's enhanced dental benefits help remove barriers to care by providing expanded access to preventive services, specialized treatments and support for individuals with unique oral health care needs.

WHAT IS HOW®?

HOW® stands for Health *through* Oral Wellness®. HOW® provides additional preventive benefits to members who are at risk for oral disease.

To start, your dental office will complete a clinical oral health risk assessment. For members scoring moderate to high risk for tooth decay and/or gum disease, more preventive benefits will become available under your dental plan.

You can even take advantage of our "Ask the Smile Coach" feature, which allows you to email specific oral health and overall wellness questions to smilecoach@nedelta.com.

Start the conversation today!

HOW® features include:

- Extra dental cleanings
- Fluoride treatments and sealants, with no age restriction
- Oral hygiene instruction, nutritional counseling, tobacco cessation counseling
- Special offers on home care products

To find a dentist who participates with HOW®, use the 'Find a Dentist' tool on our website or ask your dentist at your next scheduled visit.

www.HealthThroughOralWellness.com

HOW® HEALTH *through* ORAL WELLNESS®

WHAT IS THE SPECIAL HEALTH CARE NEEDS BENEFIT?

Millions of people in the U.S. have diverse health care needs, including physical, developmental, mental health, sensory, behavioral, emotional, or cognitive conditions. For many, accessing oral health care can be challenging or overwhelming. This program is designed to make oral health care more accessible.

Members with a qualifying health care need are encouraged to let their dentist know that their group plan with Northeast Delta Dental includes the Special Health Care Needs benefit.

For qualifying members, the benefit includes:

- Additional dental examinations and/or consultations prior to treatment, helping patients understand what to expect and feel comfortable and prepared for a successful dental visit
- Coverage for up to four dental cleanings per benefit year, supporting ongoing preventative care and oral health
- Treatment delivery modifications (including anesthesia and nitrous oxide) as appropriate, to ensure patients with barriers to care can receive comfortable and effective oral health services

To learn more about Enhanced benefit programs, visit www.nedelta.com/patients/enhanced_benefits.

VACEplus insurance program

The dental plan utilizes both the Delta Dental Premier® and PPO networks providing the largest network and greatest savings. Patients can see any dentist, however will receive additional savings when visiting participating in-network providers. Patients seeing non-network providers are responsible for any difference between the submitted charges and our allowances for non-network providers. Benefit percentages shown are based upon the actual charges submitted up to the Maximum Allowable Charge for participating dentists, or Delta Dental's allowance for nonparticipating dentists.

Outline of coverage		Delta Dental PPO Plus Premier™ network		
Coverage A	**DIAGNOSTIC:** Evaluations twice in a 12-month period Bitewing X-rays once in a 12-month period Full-mouth/panoramic X-rays once in a 5-year period X-rays of individual teeth as necessary **PREVENTIVE:** Cleanings twice in a 12-month period. *Can be routine or periodontal (Coverage B) or one of each* Fluoride once in a 12-month period to age 19 Space maintainers to age 16 Sealant application to permanent molars, once in a 3-year period per tooth, for children to age 19	**100%**		
Coverage B	**BASIC RESTORATIVE:** Amalgam (silver) fillings; Composite (white) fillings (on anterior teeth only) **ORAL SURGERY:** Surgical and routine extractions **ENDODONTICS:** Root canal therapy **PERIODONTICS:** Periodontal maintenance (cleaning) Treatment of gum disease Clinical Crown Lengthening **DENTURE REPAIR:** Repair of a removable denture to its original condition **EMERGENCY PALLIATIVE TREATMENT**	**80%**		
Coverage C	**MAJOR RESTORATIVE:** Removable and fixed partial dentures (bridge); Complete dentures Rebase and reline (dentures) Crowns Onlays Implants	**50%** After a 6-month waiting period*		
Coverage D	**ORTHODONTICS:** Correction of crooked teeth for adults and children	**50%** After a 6-month waiting period*		
Calendar year maximum for services covered under A, B and C (excluding orthodontics) **Health *through* Oral Wellness® program included (please see page 2 for details)**		$2,000 up to $4,000 with Double-Up Max℠		
Lifetime orthodontics maximum (per person)		$1,500		
Lifetime deductible Applies to Coverages B and C		$100 per patient $300 per family		
Rates guaranteed until 12/31/2027		**Single:** $54.37	**Two person:** $104.08	**Family:** $188.01

*Any applicable waiting period is waived for employees and dependents covered immediately prior to the original effective date of this plan when this plan is replacing an existing group dental policy that includes the services to which the waiting period applies. New enrollees, effective after the group's original effective date, are subject to waiting periods,unless moving from one Northeast Delta Dental plan to this Northeast Delta Dental plan with no more than one month gap in coverage. Waiting periods do not apply to eligible enrollees under nineteen (19) years of age except for orthodontic benefits.

Welcome to DeltaVision®



Help your employees see clearly. Add a DeltaVision® plan today.

A DeltaVision® plan will help your employees get the vision care they need.

- DeltaVision® is supported by the nationwide EyeMed Access Network, including private practitioners and the most popular retail and online retail locations.
- Members are encouraged to see in-network optical providers. While there is a limited out-of-network benefit, they will receive the most value from their DeltaVision® benefits when they receive care from in-network providers.
- 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 in-network provider locations.
- Members receive ID cards and have access to **live customer service 102 hours per week** (the most in the industry), including nights and weekends.
- Schedule an eye exam online through the provider locator at **member.eyemedvisioncare.com/nedd**





Our guarantee

The service: Smooth implementation of a DeltaVision® plan.

The guarantee: Successful implementation will be determined through feedback provided by the group.

The refund: The group will be reimbursed the administration fee charged for its second month of service (not to exceed $500) if the service guarantee is not met.

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

DELTA DENTAL®

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VACEplus DeltaVision® Plan

180 180 Voluntary

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

Benefit details	Network benefit	Non-network reimbursement
Exam every 12 months: Comprehensive with dilation as necessary	Member co-pay $10; plan pays balance	Up to $35
Contact lens fit and follow-up: standard lenses *Spherical clear contact lenses in conventional wear and planned replacement (Examples include but not limited to disposable, frequent replacement, etc.)*	Member pays up to $55	None
Contact lens fit and follow-up: premium lenses *Includes all lens designs, materials and specialty fittings other than Standard Contact Lenses (Examples include toric, multifocal, etc.)*	10% discount off retail	None
Frames* every 12 months: Any available frame at provider location	$180 allowance, then 20% off balance	Up to $90
Standard plastic lenses every 12 months		
Single vision	Member co-pay $10, plan pays balance	Up to $25
Bifocal	Member co-pay $10, plan pays balance	Up to $40
Trifocal	Member co-pay $10, plan pays balance	Up to $55
Lens options		
UV coating	Member co-pay $15	None
Tint	Member co-pay $15	None
Standard scratch resistance	Member co-pay $15	None
Standard polycarbonate	Member co-pay $40	None
Standard anti-reflective coating	Member co-pay $45	None
Standard progressive	Member co-pay $75	None
Premium progressive	$75 co-pay, 80% of charge less $120 allowance	None
Other add-ons and services	20% off retail price	None
Contact lenses* every 12 months *In lieu of spectacle lenses; allowance covers materials only*		
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

Monthly rates	DeltaVision® plan
Employee	$8.95
Employee + one	$15.37
Family	$27.50
Rates guaranteed until:	12/31/2030

To locate a participating EyeMed Access Network provider, visit member.eyemedvisioncare.com/nedd 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.
- ContactsDirect.com, Glasses.com, TargetOptical.com, LensCrafters.com, Oakley.com and Ray-Ban.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.
- Use your benefits at Walmart or Sam's Club locations. Visit https://eyedoclocator.eyemedvisioncare.com/nedd/en-us for a list of in-network providers.

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.

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

**Medically necessary contacts require authorization from a vision doctor when some conditions are present. Please contact the plan for more information.

Who is eligible to enroll?

Chamber of Commerce member groups that participate in the VACEplus Insurance Program are eligible as long as there is an identifiable employer who sponsors the plan, signs the joinder application, and makes payment to Northeast Delta Dental.

Employees who are active on payroll are considered eligible, including business owner(s). Eligible employees can cover their dependents. Dependents include:

- Spouse or domestic partner
- Children 25 years old or younger

Children can be covered until the end of the month they turn 26. Incapacitated children can remain enrolled regardless of age. If an employee chooses to cover one dependent, all eligible dependents must be enrolled.

Eligibility period, terminations, benefit administration

Eligibility period: Employees and dependents are eligible after an eligibility (probationary) period chosen by the employer. Employers may decide when a new employee becomes eligible to enroll in the VACE dental and/or vision plans—this is called an eligibility period. Example: First of the month following one month of employment. Note: Coverage will always begin on the 1st day of the month.

Terminations: Employees' coverage ends on the last day of the month.

Changes: Employees can make changes to their plan only during open enrollment, unless they have a qualifying event.

Examples of a qualifying event are: Change in marital status, birth/adoption, loss of coverage elsewhere, change in employee status.

Benefit administration: Enrollments, changes and terminations must be submitted in a timely manner, no later than 30 days from effective/termination date. Enrollments, changes and terminations can be made via the group admin portal. Please refer to the Group Admin Portal registration information on the VACEPlus website to gain access.
All forms, benefit summaries and certificate of insurance can be found at vaceinsurance.com.

VACE *plus*

Who pays—how and when

While employers are encouraged to contribute toward the cost of employee coverage, there is no minimum employer contribution required for this program. However, the employer must agree to sponsor the program, offer it to all eligible employees, and collect employee contributions through payroll deductions.

Monthly invoices and premium payments

Premium invoices are sent prospectively. For example, you will receive the March premium on or near the 15th of February. Changes or adjustments to you invoices will be made prospectively. Changes made after the 15th of the month may not be reflected until the following month. Please pay as billed, any adjustments will be reflected on the next month's invoice. Please pay your invoice by the 30th of the month.

You may sign up for eBilling access, to view and pay your invoices online. Please see eBilling registration directions in the FAQ at vaceinsurance.com.

You may also choose to have your payments automatically withdrawn from your account. Please submit an ACH form found at vaceinsurance.com for automated payments.

ID cards and materials

Members enrolling in the dental or vision plans will receive ID cards at their home address approximately two weeks after their enrollment is processed. They may also obtain their ID cards via the patient portals or mobile apps.

How to apply?

- Employer completes the VACEplus joinder application
- Enrollment forms are completed by each enrolling employee
- Check for first month's premium made payable to Northeast Delta Dental. Separate checks for dental and vision.
- For automated payments, include an ACH form
- To enroll, please send your completed forms to:
    - Your local Chamber of Commerce or
    - Your insurance agent if you have one, or
    - VACEPlus insurance program at vacebenefits@vtchamber.com

VACEplus joinder, dental and vision enrollment forms and ACH form are located on the VACEplus website: vaceinsurance.com

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