


DeltaVision®

East Central College |

Effective Date: January 1, 2019

COVERAGE	IN-NETWORK	OUT-OF-NETWORK ¹
EXAMS	\$10 copay	\$10 copay
Comprehensive Eye Examination <i>(with dilation)</i>	Covered in full after copay	Reimbursed up to \$40
Contact Lens Fit & Follow-up	\$40 allowance (copay does not apply)	Not covered
MATERIALS	\$25 copay	\$25 copay
Eyeglasses² <i>(in lieu of contact lenses)</i>		
Standard Plastic CR-39 Lenses <ul style="list-style-type: none"> ▪ Single ▪ Bi-focal ▪ Tri-focal ▪ Lenticular 	Covered in full after copay	Reimbursed up to: <ul style="list-style-type: none"> ▪ Single: \$20 ▪ Bi-focal: \$40 ▪ Tri-focal: \$60 ▪ Lenticular: \$100
Standard Frames	\$150 retail allowance	Reimbursed up to \$60
Contact Lenses³ <i>(in lieu of eyeglass lenses and frames)</i>		
Elective Contact Lenses	\$150 retail allowance	Reimbursed up to \$90
Medically Necessary Contact Lenses ⁴	\$250 retail allowance	Reimbursed up to \$250
LENS UPGRADES Available when you use your eyeglass lens benefit		
Polycarbonate Lenses <i>(members age 19 and under)</i>	Covered in full (copay does not apply)	Not covered
Standard Progressive Lenses	Additional \$50 copay	Not covered
Photochromic Lenses	Additional \$60 copay	Not covered

1. For out-of-network services, you will be reimbursed up to the amount shown, less your copay. 2. A single materials copay applies to standard lenses and frames when purchased together. 3. This benefit is paid only once during your benefit period and must be fully utilized at the time of purchase. 4. Only available for conditions of aphakia, keratoconus, or severe anisometropia.

BENEFIT FREQUENCY Eye Exam Every 12 months Eyeglass Lenses Every 12 months Eyeglass Frames Every 24 months Contact Lenses Every 12 months	DELTAVISION VALUE DISCOUNTS  Discounts are available at select participating discount provider locations. Look for the star on our online provider search. Polycarbonate Lenses (members over age 19): \$30 Laser Vision Correction: Preferred Pricing through QualSight® The DeltaVision Value Discounts program is not part of your insured benefit. You must pay providers directly for all services or materials you receive under this program.
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REFER TO YOUR CERTIFICATE OF COVERAGE FOR FULL COVERAGE DETAILS, LIMITATIONS AND EXCLUSIONS. For a copy of your Certificate of Coverage, consult your plan administrator.

DeltaVision® is underwritten by Advantica Insurance Company. DeltaVision is administered by Delta Dental of Missouri and Advantica Administrative Services, Inc. (Advantica®). Advantica, Advantica Administrative Services, Inc, and Advantica Insurance Company trade names and marks are owned by Delta Dental of Missouri and are not sponsored or endorsed by the Delta Dental Plans Association. Delta Dental is a registered trademark of the Delta Dental Plans Association.

IMPORTANT TO REMEMBER!

Here are some tips to help you get the most out of your DeltaVision benefits:

- Copays apply to all benefits except where noted.
- When the benefit includes an allowance, you are responsible for charges over that allowance in addition to the applicable copay.
- When you visit an in-network provider, you are responsible for your exam copay at the time of your visit and your materials copay at the time of your purchase.
- If you use an out-of-network provider, you must pay the full cost of the services provided at the time they are received. Submit your claim to Delta Dental within 12 months of the date of service for reimbursement. You will be reimbursed up to the amount shown, less your copay.
- Exam and material frequencies will restart at the beginning of each benefit year. Your benefit year runs from your group's effective date.

CONVENIENT ACCESS TO VISION CARE

To find these and other participating vision care providers, visit us online at www.deltadentalmo.com, select "Find a Provider" and click "Find a Vision Provider," or call customer service at 877-488-5130.

Target Optical®

JCPenney® Optical

Crown Vision Center®

Pearle Vision®

Visionworks®

Sears® Optical

America's Best®

Clarkson Eyecare®

DELTAVISION MEMBER SUPPORT

If you have questions about your benefits or need support, we're here to help.

- **Visit us online at www.deltadentalmo.com/vision.** Access member forms, find a provider, request an ID card, review benefits, check claim status, and more.
- **Call 877-488-5130.** DeltaVision customer service representatives are available Monday through Friday from 7:00 a.m. until 5:00 p.m. Central Time. Beyond regular hours of operation, our automated telephone system is available for support.
- **Email customerservice@deltavisionmo.com** Please provide a detailed explanation of your request with your full name, date of birth and subscriber ID number. A member of our team will respond within one business day.