DELTA DENTAL®

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DeltaVision®

Underwritten by Red Tree Insurance, Inc.,
a Northeast Delta Dental Company.

University of New England

130 130 Contributory

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

DeltaVision Plan Summary	Network Benefit	Non-Network Reimbursement
Exam every 12 months: Comprehensive with dilation as necessary	Member copay $20; 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 $55.00	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 24 months: Any available frame at provider location	$130 allowance, then 20% off balance	Up to $65
Standard Plastic Lenses every 12 months		
Single vision / Bifocal / Trifocal	Member copay $20, plan pays balance	Up to $25 / $40 / $55
Lens Options (in addition to copay for Standard Plastic Lenses)		
UV coating / Tint / Standard scratch resistance	Member pays $15 each	None
Standard polycarbonate	Member pays $40 for adults; Member pays $0 for children	None
Standard anti-reflective coating	Member pays $45	None
Standard progressive	Member pays $0	None
Premium progressive	Member pays $65, 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	$130 allowance, then 15% off balance	Up to $104
Disposable	$130 allowance, member pays balance	Up to $104
Medically necessary	Paid in full	Up to $200
Laser Vision Correction - Lasik or PRK	15% off retail price or 5% off promotional price	None

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

Monthly Rates

Employee	$3.07
Employee + One	$5.99
Employee + Child(ren)	$5.81
Family	$9.09

Rates Guaranteed Until: 12-31-2030

To locate a participating EyeMed Access Network provider, log on to 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 and Glasses.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.

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.