## **VISION BENEFIT FEATURES AT A GLANCE**

Delta Dental of South Carolina has partnered with Advantica to offer vision benefits with quality, responsiveness, administrative support and exceptional service.

- Vision plans offer compelling, customer-focused solutions for today's cost-conscious environment and are customized to meet your unique needs for service, value, access and choice.
- Members have access to benefits online 24/7 at www.advanticabenefits.com.
- Representatives are available to answer questions Monday through Friday from 8 a.m. until 6 p.m. Eastern Time. Members can call 866.425.2323 for personal service or email <u>customerservice@advanticabenefits.com</u> and receive a response within one business day.

# Adding vision to your benefit offering.

Through Advantica, you receive everything you need to administer your employee vision benefits plan.

#### **National Network:**

Advantica's proprietary national network of optometrists and ophthalmologists provides both retail and independent provider locations.



# Comprehensive Product Portfolio:

Advantica offers a variety of plan designs that feature different co-payments and allowances for glasses and contacts.



### **Service Commitment:**

Your Delta Dental account manager will ensure quick and informative responses to any and all inquiries.



#### **Cost Control:**

Advantica provides multi-year contracts and value-added benefit offerings.



#### **VISION BENEFITS PROPOSAL**

## **SELECT PLUS 125 PLAN**

EMPLOYER GROUP: Lucas Systems, Inc.

**EFFECTIVE DATE:** 

June 1, 2018

COPAYS<sup>1</sup>

Exam

Materials

\$10

\$10

BROKER/AGENCY: ISSC Benefits LLC

QUOTE DATE:

\$125 retail allowance

\$125 retail allowance

\$250 retail allowance

April 9, 2018

Eye Exam **Eyeglass Lenses**  **Every 12 Months Every 12 Months** 

**FREQUENCY** 

**Eyeglass Frames** 

**Every 24 Months** 

**Contact Lenses** 

**Every 12 Months** 

	All Frequencies run on a Policy Year ba	asis.
COVERAGE	IN-NETWORK	OUT-OF-NETWORK <sup>2</sup>
EXAMS		
Comprehensive Eye Examination (with dilation)	Covered in full after copay	Reimbursed up to \$40
Contact Lens Fit & Follow-up	\$30 allowance (copay does not apply)	Not covered
MATERIALS		
Eyeglasses <sup>3</sup> (in lieu of contact lenses)		
Standard Plastic CR-39 Lenses  Single Bi-focal Tri-focal Lenticular	Covered in full after copay	Reimbursed up to: Single: \$20 Bi-focal: \$40 Tri-focal: \$60 Lenticular: \$100
Polycarbonate Lenses (members age 19 and under)	Covered in full (copay does not apply)	Not covered
Standard Progressive Lenses	Additional \$50 copay	Not covered
Photochromic Lenses	Additional \$60 copay	Not covered

#### ADVANTICA VALUE DISCOUNTS

Medically Necessary Contact Lenses<sup>5</sup>

Standard Frames

**Elective Contact Lenses** 

Additional discounts are available at participating discount provider locations, including:

Polycarbonate lenses for members over age 19 at \$30

Contact Lenses<sup>4</sup> (in lieu of eyeglass lenses and frames)

Preferred pricing on Laser Vision Correction through QualSight®

Additional discounts are not part of the insured benefit. Members must pay providers directly for all services or materials received under this program.

RATE GUARANTEE	24 Months	
MONTHLY PREMIUMS	Voluntary	
Single	\$5.73	
Employee & Spouse	\$10.75	
Employee & Child(ren)	\$12.19	
Family	\$17.76	

Rates quoted are based on coverage up to age 26.

Reimbursed up to \$40

Reimbursed up to \$60

C. Carlotte	NATIONAL NETWORK OF IN	NDEPENDENT AND RETAIL OP	TICAL PROVIDERS*
Visionworks <sup>®</sup>	JCPenney <sup>®</sup> Optical	Sears <sup>®</sup> Optica	l Pearle Vision®
	For Eyes Optical <sup>®</sup>	America's Best <sup>®</sup>	Eyeglass World <sup>®</sup>

<sup>\*</sup> Sample listing. For a complete listing, visit <a href="www.advanticabenefits.com">www.advanticabenefits.com</a> and click on "Provider Search."

Insurance coverage is administered by Advantica Administrative Services, Inc. and underwritten by National Guardian Life Insurance Company. National Guardian Life Insurance Company is not affiliated with The Guardian Life Insurance Company of America a/k/a The Guardian or Guardian Life. Policy Form Series NVIGRP 5/07 and/or NVIGRPLG 07/12

Reimbursed up to \$250 1. Copays apply to all benefits except where noted. 2. For out-of-network benefits, member is reimbursed up to the amount shown less copay. 3. Single materials copay applies with standard lenses and frames when purchased together. 4. Benefit paid only once during the group's benefit period; must be fully utilized at the time of purchase. 5. Medically Necessary Contact Lenses limited to conditions of aphakia, keratoconus, or severe anisometropia.

# **Advantica Value Discounts**

# Additional Valuable Savings for Vision Plan Members

With Advantica vision coverage, members get comprehensive, quality benefits at affordable rates. And that's just the beginning. Our discount program delivers even greater value and more savings. In addition to receiving covered benefits, members also get special deals on popular extras. Covered members can take advantage of the following discounted services and materials at participating discount provider locations.

Discounted Materials and Services	Member Cost	Available with Insurance Benefit <sup>1</sup>	Available after Insurance Benefit
Polycarbonate Lenses (Standard) (Over age 19)	\$30	<b>/</b>	<b>_</b>
Polarized Lenses (Standard)	\$70	<b>✓</b>	<b>√</b>
Additional Single Vision Lenses (Standard)	\$50		<b>✓</b>
Additional Bifocal Lenses (Standard)	\$70		<b>\( \)</b>
Additional Trifocal Lenses (Standard)	\$105		<b>\( \)</b>
Additional Progressive Lenses (Standard)	\$155		<b>√</b>
Premium Lens Upgrade	20% off retail	<b>√</b> 3	<b>/</b>
Ultraviolet Coating	\$16	<b>√</b>	1
Tint (Solid/Gradient)	\$16	1	1
Scratch Coating (Standard)	\$16	<b>√</b>	<b>/</b>
Anti-Reflective Coating (Standard)	\$45	<b>✓</b>	<b>√</b>
Drill Mount	\$29	<b>√</b>	1
Lens Grooving	\$19	<b>✓</b>	<b>/</b>
Edge Polish	\$15	<b>✓</b>	<b>\</b>
Other Lens Options & Materials	20% off retail	<b>✓</b>	<b>/</b>
Additional Frame(s)	20% off retail		<b>~</b>
Frames Upgrade	15% off retail	<b>√</b> 3	
Second Exam	10% off retail		<b>/</b>
Additional Contact Lens Fit & Follow-up	15% off retail		1
Contact Lenses	10% off retail		<b>/</b>
LASIK Surgery	QualSight* Preferred Pricing	g 🗸	1

<sup>1.</sup> These savings can be used with insurance coverage. 2. These savings are available after insurance benefits have been completely used. 3. When a lens or frames upgrade is purchased with the insurance benefit, the discount stated is the difference between the benefit allowance and the total cost for the upgrade.

#### PROGRAM DETAILS

- The Advantica Value Discounts program is NOT insurance coverage. The member will need to pay the provider directly for all services received under this program.
- Members can find a participating discount provider online at www.advanticabenefits.com or call Advantica Customer Service at (866) 425-2323 Monday through Friday, 8 a.m. until 6 p.m. Eastern Time (7 a.m. until 5 p.m. Central Time).
- Discounts are available at participating discount provider locations only

Termination from the Advantica vision insurance plan will automatically terminate eligibility to participate in this discount program. Actual discounts may vary based on the provider and services rendered.

Advantica Administrative Services, Inc. 12399 Gravois Road, St. Louis, MO 63127



