DELTA DENTAL®

Delta Dental of Illinois

DeltaVision®
Evidence of Coverage Booklet

Group Vision Program

EGYPTIAN TRUST/VISION

Group #11695

Effective Date: 9/1/2024

DeltaVision is underwritten by ProTec Insurance Company, a wholly owned subsidiary of Delta Dental of Illinois, utilizing the EyeMed Vision Care Insight, Access and Select

POWERED BY eyeMed℠

ProTec Insurance Company
(A Wholly Owned Delta Dental of Illinois Subsidiary)
111 Shuman Blvd.
Naperville, Illinois 60563
Telephone Number: (800) 414-4988

This Group DeltaVision® program provides to You and any of Your Dependents enrolled in this program, payment towards vision care expenses as described in this Evidence of Coverage Booklet, as of Your Coverage Effective Date, subject to the terms, conditions, exclusions, limitations and all other provisions of the Group DeltaVision® Contract.

Please read this Evidence of Coverage Booklet, including the Schedule of Benefits and all endorsements, if any, carefully so You know and understand Your coverage.

ProTec Insurance Company

John Maples
President

GROUP DeltaVision® PROGRAM EVIDENCE OF COVERAGE BOOKLET

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SECTION I: INTRODUCTION

About This Booklet

This booklet contains a general description of Your vision benefit program for Your use as a convenient reference. It reflects and is subject to the contract between ProTec Insurance Company (ProTec) and Your employer or organization.

We encourage You to read this booklet to get the most out of Your coverage. The more You understand Your Group DeltaVision® Program, the more You will know what vision services are covered and what You may owe Your Provider.

Who Do I Contact for Assistance?

Many questions about Your Group DeltaVision® Program can be answered by accessing Our website at http://www.deltadentalil.com/deltavision. Our Customer Care Center is available seven days a week, including evenings. Alternatively, Our automated phone system is available 24 hours a day, seven days a week. You can locate participating Providers 24 hours a day via Our website or toll free automated voice response system. You can reach Us at 866-723-0513.

SECTION II: HOW YOUR GROUP DeltaVision® PROGRAM WORKS

What You Should Know About Selecting a Provider

May I go to any Provider?

Yes. You may choose to go to any licensed optometrist, ophthalmologist and/or dispensing optician whenever You need vision care. However, there may be significant cost advantages when You receive treatment from a Provider participating in the EyeMed Vision Care network. Section VI: Appendix B, Schedule of Vision Benefits, outlines both Your Cost for Treatment from a Participating Provider and the plan's Out-of-Network Reimbursement for covered procedures.

What are the advantages of going to a Provider who participates in the EyeMed Vision Care network?

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- You are not responsible for charges exceeding Your Cost for Treatment from an In-Network Provider, listed in the Schedule of Vision Benefits, for covered vision services, if You see an EyeMed Vision Care In-Network Provider. This payment arrangement means that Your out-of-pocket costs are likely to be less.

- In-Network Providers will confirm eligibility and submit claims directly to EyeMed Vision Care on Your behalf.

- You are entitled to receive additional discounts on subsequent purchases after the initial benefit has been used.

How can I find out if my regular Provider is a participating Provider in the EyeMed Vision Care network, or get a list of Providers near me?

We offer two easy ways to locate an In-Network Provider 24 hours a day, 7 days a week. You can either:

- search Our online Provider directory at http://www.deltadentalil.com/deltavision; or
- use the automated phone system by calling 866-723-0513.

Using either method, You can request a list of In-Network Providers within a designated area. In-Network Provider information can be obtained for Providers nationwide.

What You Should Know About Obtaining Benefits

How do I use my Vision Program?

1. Have Your DeltaVision® information card available when scheduling and visiting an EyeMed Vision Care In-Network Provider. For information on EyeMed Vision Care In-Network Providers in Your area, call EyeMed Vision Care's toll-free number listed on Your DeltaVision® information card or visit Our website at http://www.deltadentalil.com/deltavision.

2. Present Your DeltaVision® information card at the time You receive service or materials from an EyeMed Vision Care In-Network Provider and Your Provider will verify Your eligibility. Pay Your copayment and any other charges not covered at the time of service. No paperwork is required. You continue to save on additional eyewear purchases any time You receive services from an EyeMed Vision Care In-Network Provider.

3. If You select a Provider who is not in EyeMed Vision Care's network, You do not receive preferred pricing. To receive benefit reimbursement, submit a completed claim form (available on Our website), along with itemized receipts from Your Provider and Your prescription to:

DeltaVision® Claims Processing
c/o EyeMed Vision Care
P.O. Box 8504
Mason, OH 45040-7111

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What documentation must accompany a claim for payment?

An EyeMed Vision Care In-Network Provider will submit all of the required documentation. If You receive services from an Out-of-Network Provider, You will need to submit a completed claim form and itemized receipts with a breakdown of charges for: exam, frames, lenses (specific prescription and type of lenses) and contact lenses (specific prescription and type of lenses). Claim forms are available on Our website at http://www.deltadentalil.com/deltavision. Upon receipt of the necessary information as described above, EyeMed Vision Care will pay claims within thirty (30) days. If EyeMed Vision Care does not pay Your claim within 30 days of receiving all of the necessary information, We will pay You interest at the rate of 9% per year starting from the 30th day following receipt of all the necessary information.

Is there a time limit for submitting vision claims?

Yes, submission of claims should be made within thirty (30) days unless it is not reasonably possible to do so. We cannot accept claims more than one full year after the date of service.

Claims & Appeal Procedures

How will I know when my claim is processed?

You will receive an Explanation of Benefits Statement from EyeMed Vision Care notifying You that Your claim has been processed. If You receive treatment from an Out-of-Network Provider, any payment for covered services will be included with the Explanation of Benefits Statement. If the claim for benefits is denied (in whole or in part), the Explanation of Benefits Statement will give the specific reasons for the denial and the process for requesting a review of the denial.

Who do I contact with questions about a claim payment or denial?

Questions about a claim payment or denial should be directed to the Customer Care Center at 1-866-723-0513. Our Customer Care Center is available seven days a week, including evenings. Every effort will be made to resolve your questions and concerns at the time of the call.

How do I appeal a denied claim?

You may appeal a claim that is denied in whole or in part by written request within 180 days from the date of the denial notice. Send Your written request for review to:

DeltaVision® Reevaluation Committee
c/o EyeMed Vision Care
Quality Assurance Dept.
4000 Luxottica Place
Mason, OH 45040

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Your letter should include the claim number; a copy of the Explanation of Benefits Statement and the item of vision coverage that You feel was misinterpreted or inaccurately applied. If You have any additional documents or records from Your eye care Provider in support of Your appeal, they should accompany Your written request for review.

The Reevaluation Committee's review of the claim upon appeal will take into account all comments, documents, records or other information You have submitted, regardless of whether such information was submitted or considered in the initial benefit determination. The review by the Reevaluation Committee will not afford deference to the initial adverse benefit determination. The review shall be conducted by a person who is neither the individual who made the initial claim denial nor a subordinate of that individual.

Within 60 calendar days, You will be notified in writing of the Reevaluation Committee's decision, as well as the reasons for the decision, with reference to specific plan provisions.

Who do I contact about a Provider grievance?

If you are dissatisfied with the services You have received from a network Provider, You may contact Our Customer Care Center at 1-866-723-0513 or at the following address:

DeltaVision® Grievance Committee
c/o EyeMed Vision Care
Quality Assurance Dept.
4000 Luxottica Place
Mason, OH 45040

If the grievance is communicated by telephone, the representative will log the telephone call and attempt to resolve the issues raised. If a resolution can not be reached, the representative will document all of the issues or questions raised and the matter will be investigated. We will use Our best efforts to contact You within 4 business days with a decision or a resolution of the issues or questions raised.

SECTION III: YOUR COVERED SERVICES AND VISION BENEFITS

What services are covered under this Group DeltaVision® Program?

Attached to this Evidence of Coverage Booklet is a list of the vision procedures for which You have coverage. See Section VI, Appendix B -- Schedule of Vision Benefits -- for the list of vision procedures covered under Your Group DeltaVision® Program.

What services are not covered under this Group DeltaVision® Program?

Not all services that Your Provider performs may be covered under Your Group DeltaVision® Program. See Section VI, Appendix A for a list of services that are not covered (excluded from coverage).

Are covered procedures subject to any contract limitations or payment policies?

Yes, Your employer or organization has contracted with DeltaVision® to apply certain contract limitations or payment policies for the procedures covered under Your Group DeltaVision® Program. For example, there are frequency limitations associated with certain procedures such as examinations. This does not mean that DeltaVision® considers more frequent examinations unnecessary or inappropriate; rather, this is simply a limitation on how often benefits are paid for examinations under Your Group DeltaVision® Program. See Section VI, Appendix B, Schedule of Vision Benefits, for the applicable payment policies.

SECTION IV: ENROLLMENT AND CHANGES TO ENROLLMENT

Who is eligible to enroll in this Group DeltaVision® Program?

You are an Eligible Employee or Eligible Member if You:

(1) appear on Your employer's regular payroll records (unless You are working on a seasonal or temporary basis) or, in the case of the Taft-Hartley trust or association, have met the organization's requirements for benefit eligibility;

(2) perform all of the duties of Your principal occupation in Your job with Your employer for at least the minimum number of hours per week as shown in Your employer's current DeltaVision® application for coverage;

(3) You have completed Your employer's or organization's Eligibility Waiting Period as noted in Section VI, Appendix B.

Your Dependent is eligible if:

(1) he/she is Your spouse under federal law, Civil Union or Domestic Partner;
(2) he/she is Your unmarried Dependent Child(ren) (including newborn children from the moment of birth, stepchildren, adopted children, children pending adoption, children placed for adoption with You, or pursuant to an interim court order of adoption, foster children, children for whom You are the legal guardian and children of a Civil Union or Domestic Partnership);
(3) he/she is a Dependent Child under the age of 26, regardless of their place of residence, marital status or student status;
(4) he/she is unmarried and between age 26 to 30, and who: are Illinois residents, (b) served as a member of the U.S. Armed Forces (active or reserve); and (c) have received a release or discharge other than dishonorable. Submission of proof of military service (U.S. Government Form D214, Certificate of Release or Discharge from Active Duty) is required;
(5) he/she is an unmarried disabled Dependent Child, age 26 and older. They may continue to be an eligible Dependent Child if he/she is incapable of self-support because of physical or intellectual disability (that commenced prior to losing dependent status as defined herein or prior to the date of the Enrollee's eligibility) and if he/she is chiefly dependent on the Enrollee for support, provided proof of the disability and dependency is submitted within thirty-one (31) days after a request for

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such proof by Us and subsequently as may be required by Us, but not more frequently than annually, after the unmarried disabled Dependent Child has attained the limiting age for Dependent Child coverage.

If Your Dependent Child becomes an Eligible Employee of the Group Subscriber, he/she is no longer eligible as a Dependent Child and must apply for coverage as an Eligible Employee

Individuals in military service are not eligible. If You are called to active duty while in the Reserve or National Guard, Your coverage (and that of Your eligible Dependents, if applicable) will terminate on the date of departure for active duty. This termination policy will also apply to an eligible Dependent who is called to active duty. Upon return to civilian status, You (and Your eligible Dependents, if applicable) will be reinstated with coverage on the date You return to work. An eligible Dependent who returns to civilian status will be reinstated on the date active military status ceases.

To what age is my Dependent Child covered?

See Section VI, Appendix B for Dependent Child age limitations.

Will I be asked to verify that my child is a full-time student in an accredited school, college or university?

Yes, verification of eligible full-time student status will be required.

Is the limiting age extended for disabled Dependents?

Yes, Your unmarried Dependent Child may continue to be eligible as a Dependent Child if incapable of self-support because of physical or intellectual disability (that began prior to losing Dependent Child status or prior to the date of Your eligibility). Your unmarried Dependent Child must also be chiefly dependent on You for support. We require You to submit proof of the disability and dependency within 31 days after We make such a request and subsequently as We may require, but not more frequently than annually.

When may I elect coverage?

You may elect to enroll in this Group DeltaVision® Program within 30 days following the satisfaction of the eligibility requirements or during an open enrollment period. At this time, You may also elect to enroll Your eligible Dependents, if such coverage is offered. If this is a non-contributory plan, Your employer or organization may have automatically enrolled You.

When can I make a change in coverage election(s)?

You may change the type of coverage elected only during open enrollment or if there is a Qualifying Status Change and a written request and proof of said change is provided within 60 days of the date of the change.

When may I discontinue coverage?

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Once enrolled in this Group DeltaVision® Program, You and Your Dependents must remain enrolled until the next open enrollment period unless there is a Qualifying Status Change. If coverage is terminated, You or Your Dependents will not be permitted to re-enroll until an open enrollment period occurring at least 24 months after the date of termination.

*When does coverage terminate?**

Your (and/or, if applicable, Your Dependent's) coverage may be terminated:

- when Your employer or organization advises Us to terminate coverage;
- when Your employer or organization fails to pay Us the required premiums;
- when this Group DeltaVision® Program is terminated;
- when You no longer meet the eligibility requirements for coverage;
- when You knowingly commit or permit another person to commit fraud or deception in obtaining vision benefits under this Group DeltaVision® Program; or
- when Your Dependent Child has reached the limiting age for Dependent Child coverage, unless the Dependent Child meets the criteria for disabled Dependent Child coverage.

* Please note that there is no conversion privilege offered.

What is continuation of coverage or COBRA?

Federal law (Consolidated Omnibus Budget Reconciliation Act of 1985, known as COBRA) may allow You and/or Your eligible Dependents to elect to continue coverage that would otherwise end as a result of certain events. Even if Your employer or organization is not governed by COBRA, You may be eligible to continue coverage under Illinois law.

SECTION V: Definitions

"Dependent" see "Section IV: Enrollment and Changes to Enrollment" for Dependent eligibility.

"Domestic Partnership or Civil Union" means an individual with whom the Enrollee is in a relationship which meets the following criteria:
(a) The individual must be at least 18 years of age or older;
(b) The individual is not married, by statute, common law , Civil Union or in a Domestic Partnership with anyone other than the Enrollee;
(c) The individual is not related to the Enrollee to a degree of closeness that would prohibit legal marriage between opposite or same sex partners in the state in which both parties reside;
(d) The individual lives in the same residence with the Enrollee;
(e) The individual is in an exclusive, committed relationship with the Enrollee that is intended to be permanent and where both parties have agreed to be mutually responsible for each other's common welfare; and
(f) The individual has been in the current relationship for a period of at least 12 months.
(g) Civil Union is a legal relationship between 2 persons, of either the same or opposite sex.

“Eligible Employee” see “Section IV: Enrollment and Changes to Enrollment” for Employee eligibility.

“Eligible Member” see “Section IV: Enrollment and Changes to Enrollment” for Member eligibility.

“Enrollee” means an Employee who is employed by the Group Subscriber or is a Member of the contracting union or association, is eligible for coverage under the Group DeltaVision® Contract, who has properly enrolled and is approved by Us for coverage under the Group DeltaVision® Contract, and for whom We have accepted the appropriate premium.

“Evidence of Coverage Booklet” means the document issued by Us to the Enrollee who is covered under the Group DeltaVision® Contract issued by Us to the Group Subscriber. It is not a contract, but only evidence of coverage, and describes the essential features of the coverage provided by the Group DeltaVision® Contract.

“Group Subscriber” means that particular employing individual, agency, corporation, partnership, or company, or that particular association or trust which has entered into this agreement to provide vision coverage to its Eligible Employees or Eligible Members. The Group Subscriber is responsible for appointing a Plan Administrator for the Group DeltaVision® Program.

“Group DeltaVision® Contract” means the Group DeltaVision® Contract issued by Us to the employer, trustee, union, association, organization or other entity known as the Group Subscriber. In it, We agree to provide benefits to Enrollees of the Group Subscriber for future losses covered by the Group DeltaVision® Contract through benefit payments, subject to the terms, conditions, and provisions of the Group DeltaVision® Contract.

“Group DeltaVision® Program” means Your coverage for Vision Benefits under the Group DeltaVision® Contract and this Group DeltaVision® Program Evidence of Coverage Booklet.

“In-Network Provider” means a Provider that is participating under a contract through the EyeMed Vision Care network.

“LASIK” means Laser-Assisted In Situ Keratomileusis, a type of laser eye procedure used to treat various refractive or focusing errors of the eye. LASIK creates a flap that is opened to expose inner corneal tissue for reshaping, thereby eliminating (or reducing) the corneal refractive error and significantly changing the requirement for corrective eyewear. The procedure is relatively painless with a rapid healing process.

“Out-of-Network Reimbursement” means the amount that DeltaVision® is contractually obligated to pay for the covered services received from a Provider who does not participate in the EyeMed Vision Care network and listed on a claim.

“Plan Administrator” means the Group Subscriber (or the individual(s) designated by the Group Subscriber) who maintains the welfare benefit plan under which these Vision Benefits are provided.

“PRK” means Photo-Refractive Keratectomy, a type of laser eye procedure used to treat various refractive or focusing errors of the eye. PRK reshapes tissue on the surface of the cornea, thereby eliminating (or

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reducing) the corneal refractive error and significantly changing the requirement for corrective eyewear. The procedure, although less surgically invasive, generally requires a longer healing process.

"Provider" means any licensed optometrist, ophthalmologist and/or dispensing optician. If the Provider has an agreement with EyeMed Vision Care he/she is considered In-Network or participating. If the Provider does not have an agreement with EyeMed Vision Care he/she is considered Out-of-Network.

"Qualifying Status Change" means the following: (a) Changes in family status: (i) change in the Enrollee's legal marital status; (ii) change in the number of Dependents; (iii) termination or commencement of employment by the Enrollee or a Dependent; (iv) a Dependent's satisfying (or no longer satisfying) Dependent eligibility requirements; or (b) taking or returning from a leave of absence under the Family and Medical Leave Act of 1993 (FMLA) or a military leave under the Uniformed Services Employment Rights Act of 1994 (USERRA).

"Vision Benefits" means benefits paid for those vision procedures or services covered under this Group DeltaVision® Program and subject to the exclusions, terms and conditions contained in this Evidence of Coverage Booklet of Coverage.

"We, Us, Our, or Company" means ProTec Insurance Company.

"You, Your" means the Enrollee.

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APPENDIX A
LIMITATIONS AND EXCLUSIONS

In no event will coverage exceed the lesser of:

1. the actual cost of Covered Services or Materials or
2. the limits of the Group DeltaVision® Contract, shown in the Schedule.

Lost or broken lenses, frames, glasses or contact lenses will not be replaced except in the next benefit period.

Benefits may not be combined with any discount, promotional offering or other group benefit plans.

Benefit allowances provide no remaining balance for future use within same benefit period.

There is no coverage for professional services or materials connected with:

1. Orthoptic or vision training, sub-normal vision aids and any associated supplemental testing;

2. Aniseikonic lenses;

3. Medical and/or surgical treatment of the eye, eyes or supporting structures;

4. Corrective eyewear required by an employer as a condition of employment and safety eyewear unless specifically covered under this plan;

5. Services provided as a result of any Workers' Compensation law;

6. Plano lenses (lenses that have no refractive power) non-prescription lenses and non-prescription sunglasses (except for discount);

7. Two pair of glasses, in lieu of bifocals

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APPENDIX B
SCHEDULE OF VISION BENEFITS

Policy Effective Date: 9/1/2024

Policyholder: EGYPTIAN TRUST/VISION

Group Policy Number: 11695

Eligibility Waiting Period: The Eligibility Waiting Period for a person who becomes eligible after the effective date of the employer's benefit plan is the first of the month following the designated waiting period.

Termination: Coverage for an Employee who ceases to meet the definition of eligible person is terminated on the day immediately following the last day of the calendar month in which such person ceases to meet the definition of eligible person.

Limiting Age: Dependent Child means those children who are:

1. Unmarried (including stepchildren, adopted children, children placed for adoption with You, foster children, children for whom You are the legal guardian and children of a Civil Union or Domestic Partnership);
2. Under age 26, regardless of their place of residence, marital status or student status;
3. Unmarried and between age 26 to age 30, and who: (a) are residents of Illinois; (b) served as a member of the U.S. Armed Forces (active or reserve); and (c) have received a release or discharge other than dishonorable. The Covered Employee must provide Us with proof of military service (U.S. Government DD Form 214, Certificate of Release or Discharge from Active Duty) for such Dependent Child;
4. Unmarried disabled Dependent Child, age 26 and older, may continue to be an eligible child if he/she is incapable of self-support because of physical or intellectual disability (that commenced prior to losing dependent status as defined herein or prior to the date of the Enrollee's eligibility) and if he/she is chiefly dependent on the Enrollee for support, provided proof of the disability and dependency is submitted within thirty-one (31) days after a request for such proof by Us and subsequently as may be required by Us, but not more frequently than annually, after the unmarried disabled Dependent Child has attained the limiting age for Dependent Child coverage.

COMPLETE VISION CARE PLAN

COVERED SERVICES AND MATERIALS	Your Cost for Treatment from an Insight In-Network Provider	Out-of-Network Reimbursement
Vision Examination:		
Exam with Dilation as Necessary	$10	$35
Each covered person is entitled to a Vision Examination once every 12 months.		

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Contact Lens Fit and Follow-up Visits (available once a comprehensive eye exam has been completed):		
Standard* (fit and two follow-up visits) Premium**	$40 10% off Retail Price	n/a n/a
Materials:		
Frames (any available frame at Provider location)	$130, 20% off balance over allowance	$65
Each covered person is entitled to Frames once every 24 months.		
Standard Plastic Lenses: Single Vision Bifocal Trifocal	 $10 $10 $10	 $25 $40 $55
Lens Options: UV Coating Tint (Solid and Gradient) Standard Scratch-Resistance Standard Polycarbonate Standard Progressive - in addition to Bifocal copay Premium Progressive - in addition to Bifocal copay Standard Anti-Reflective Coating Premium Anti-Reflective Coating Photocromatic/Transition Plastic Polarized Other Add-Ons and Services	 $15 $15 $15 $40 $65 Tier 1 - $95, Tier 2 - $105, Tier 3 - $120, Tier 4 - $75, 20% off retail price, then apply $120 allowance $45 Tier 1 - $57, Tier 2 - $68, Tier 3 - 20% off retail price $75 20% off retail price 20% off retail price*	 N/A N/A N/A N/A $40 $40 N/A N/A N/A N/A N/A

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Contact Lenses (materials only):		
Conventional	$0 Copay, $130 allowance, 15% off balance over allowance	$104
Disposable	$0 Copay, $130 allowance, plus balance over allowance	$104
Visually Required	$0 Copay Paid in Full	$200
Each covered person is entitled to Lenses or Contact Lenses once every 12 months.		

*Standard contact lens fitting – spherical clear contact lenses in conventional wear and planned replacement. Examples include, but are not limited to, disposable, frequent replacement, etc.

**Premium contact lens fitting – all lens designs, materials and specialty fittings other than Standard contact lenses. Examples include, but are not limited to, toric, multifocal, etc.

Additional Discounts:
Enrollees receiving services from an Insight-Network Provider will receive a 20% discount on items not covered by the plan; the discount does not apply to the In-Network Providers' professional services or contact lenses. Retail prices may vary by location. This discount may not be combined with any other discounts or promotional offers.

This Vision Plan also provides a 40% discount off the purchase of a complete pair of eyeglasses (frames and lenses) and a 15% discount off the purchase of conventional contact lenses at Insight-In-Network Providers after the initial benefit has been used.

LASIK or PRK: DeltaVision® members can receive a discount of 15% off retail price or 5% off promotional price from select providers. Please contact Us at http://www.deltadentalil.com/deltavision or 866-723-0513 for a current list of LASIK/PRK providers.

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