

Application to Join the New Hampshire Motor Transport Association Vision Plan

You have the opportunity to enroll in a comprehensive yet affordable insured vision benefit program offered to the New Hampshire Motor Transport Association through Red Tree Insurance Company, Inc., a subsidiary of Delta Dental Plan of New Hampshire, featuring the DeltaVision® product. According to Vision Watch, nearly 76% of U.S. adults 18 and older use some form of vision correction. Now you can take care of your vision needs with DeltaVision®. DeltaVision® is supported by an EyeMed Vision Care® network with more than 88,000 providers at over 27,000 locations nationwide, including private practitioners and the most popular optical retail outlets like LensCrafters®, Target Optical®, and many Pearle Vision® locations.

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.

Accepting this Application makes the Employer a Participating Employer subject to the terms and conditions of the Agreement between the New Hampshire Motor Transport Association and Delta Dental Plan of New Hampshire.

EFFECTIVE DATE: _____ TELEPHONE: (603) _____
 EMPLOYER: _____ FAX: (603) _____
 ADDRESS: _____ CITY: _____, NH ZIP: _____
 GROUP CONTACT: _____

Eligibility period for new hires: First day of the month following _____ month(s).

MONTHLY RATES:	No. Enrolled	Amount Due
One Person (Single)	\$6.86 x _____	= \$ _____
Two Persons	\$11.76 x _____	= \$ _____
Three or More Persons (Family)	\$21.05 x _____	= \$ _____
TOTAL (Due with Application)		\$ _____

Above rates are guaranteed until **December 31, 2024**. Annual open enrollment effective January 1st each year. Make checks payable to: NHMTA. All applications and correspondence should be directed to NHMTA, PO Box 3898, Concord, NH 03302-3898.

For inquiries, please contact NHMTA: Phone: 603-224-7337, Fax: 603-225-9361.

Group Representative Signature

Title

Date

New Hampshire Motor Transport Association Use Only:

DeltaVision Group #: **904635**

DeltaVision Sublocation: _____

DeltaVision® Plan Summary

	Network Benefits	Non-Network Reimbursement
Exam every 12 months: Comprehensive with dilation as necessary.	Member pays \$10; plan pays balance	\$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 24 months: Any available frame at provider location	\$150 allowance, then 20% off balance	\$75
Standard Plastic Lenses every 12 months		
Single vision / Bifocal / Trifocal	Member pays \$25, plan pays balance	\$25 / \$40 / \$55
Lens Options		
UV coating / Tint / Standard scratch resistance	Member pays \$15 each	None
Standard polycarbonate	Member pays \$40	None
Standard anti-reflective coating	Member pays \$45	None
Standard progressive (Add-on to Bifocal)	Member pays \$90	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	\$150 allowance, then 15% off balance	\$120
Disposable	\$150 allowance, member pays balance	\$120
Medically necessary	Paid in full	\$200
Laser Vision Correction - Lasik or PRK	15% off retail price or 5% off promotional price	None

To locate a participating provider, visit www.eyemedvisioncare.com Access Network, 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.
- After initial purchase, replacement contact lenses may be obtained via the Internet at substantial savings and mailed directly to the member. Details are available at www.eyemedvisioncare.com. The contact lens benefit allowance is not applicable to this service.
- 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.