



# 2023 Employee Benefit Guide

AN OVERVIEW OF THE WIDE ARRAY OF BENEFITS  
PROVIDED BY ELLICOTT SCHOOL DISTRICT 22 TO HELP  
YOU ENJOY INCREASED WELL-BEING AND FINANCIAL  
SECURITY



# We work for you – and we're here to help

We are an independent benefits management and consulting firm hired to assist employees with any and all concerns and questions pertaining to the group insurance benefits.

## Benefits Inquiries



### POLICY QUESTIONS

Our Account Managers can answer questions about renewals, compliance and healthcare reform, escalated service issues, employee meetings, and wellness discussions.



### CLAIMS

Come to our Account Specialist with your benefit inquiries, claim issues, carrier questions, billing issues, and provider searches.



### ADMINISTRATION CONCERNS

Your Account Admin can help with enrollment issues, questions about qualifying events, employees address changes, and ID card requests.

## Benefits Contact



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## *Benefits for 2023*

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## Benefits for 2023

# Overview of Benefits Programs

Ellicott School District 22 provides an array of benefits that can help you enjoy increased well-being, deal with an unexpected illness or accident, build and protect your financial security, balance your personal and professional life and meet everyday needs. These benefits are affordable, comprehensive and competitive.

The table below summarizes the benefits available to eligible staff and their dependents. These benefits are described in greater detail in this booklet.

### Benefits At-A-Glance

#### Medical

Renewing with Cigna

#### Voluntary Dental

Renewing with Beta Health and Delta Dental

#### Vision

Renewing as is with EyeMed

#### Enrollment System

Bernie Portal



## Benefits for 2023

# Eligibility, Changes and Qualifying Events

### Who Is Eligible?

- Full-time Employees working 30 or **more** hours per week, their spouses, and their dependents to age 26.
- **Benefits eligibility begins first of the month following 30 days your date of hire.**

### How to Enroll?

- The first step is to login to Bernie Portal and review your current benefit elections.
- Verify your personal information and make any changes if necessary.
- Make your benefit elections in Bernie Portal. Once you have made your elections, you will not be able to change them until the next open enrollment period unless you have a qualified change in status.

### When to Enroll?

- The open enrollment period runs from November 1, 2022 – November 30, 2022.
- The benefits you elect during open enrollment will be effective January 1, 2023 – December 31, 2023.
- New Hires must enroll in or waive benefits within 30 days of becoming eligible.
- All Open Enrollment elections must be completed in Bernie Portal.

### QUALIFYING EVENTS

- Eligible employees may enroll or make changes to their benefits elections during the annual open enrollment period. As with most benefits, once you elect an option you are bound to that choice for the entire plan year unless you experience a “Qualifying Event”. These may include, but are not limited to:
  - Changes in employment status
  - Changes in legal marital status
  - Changes in number of dependents
  - Taking an unpaid leave of absence
  - Dependent satisfies or ceases to satisfy eligibility requirement
  - Family Medical Leave Act (FMLA) leave.
  - A COBRA-qualifying event
  - Entitlement to Medicare or Medicaid
  - A change in the place of residence of the employee, resulting in the current carrier not being available

## Benefits for 2023

## Insurance Plans and Rates



## 2023 INSURANCE PLAN RATES

**HEALTH INSURANCE:** Cigna**CIGNA SureFit \$2000/\$30/70%**

	<u>DISTRICT</u>	<u>EMPLOYEE</u>	<u>TOTAL</u>
Employee	\$634.36	\$0.00	\$634.36
Employee + Spouse	\$634.36	\$780.08	\$1,414.44
Employee + Children	\$634.36	\$665.05	\$1,299.41
Employee + Family	\$634.36	\$1,111.73	\$1,746.09

**CIGNA OAP IN \$2000/\$30/70%**

	<u>DISTRICT</u>	<u>EMPLOYEE</u>	<u>TOTAL</u>
Employee	\$780.79	\$0.00	\$780.79
Employee + Spouse	\$780.79	\$851.06	\$1,631.85
Employee + Children	\$780.79	\$718.33	\$1,499.12
Employee + Family	\$780.79	\$1,233.64	\$2,014.43

**CIGNA SureFit \$750/10%**

	<u>DISTRICT</u>	<u>EMPLOYEE</u>	<u>TOTAL</u>
Employee	\$634.36	\$143.92	\$778.28
Employee + Spouse	\$634.36	\$1,063.75	\$1,698.11
Employee + Children	\$634.36	\$925.62	\$1,559.98
Employee + Family	\$634.36	\$1,461.88	\$2,096.24

**CIGNA OAP IN \$750/10%**

	<u>DISTRICT</u>	<u>EMPLOYEE</u>	<u>TOTAL</u>
Employee	\$780.79	\$136.57	\$917.36
Employee + Spouse	\$780.79	\$1,136.47	\$1,917.26
Employee + Children	\$780.79	\$980.52	\$1,761.31
Employee + Family	\$780.79	\$1,585.95	\$2,366.74

**Voluntary VISION:** Eyemed

Employee	\$8.55	Employee + Children	\$17.10
Employee + Spouse	\$16.25	Employee + Family	\$25.14

**Voluntary DENTAL:**

## Beta Health Alpha US

Employee	\$8.75	Employee + Children	\$15.00
Employee + Spouse	\$15.00	Employee + Family	\$16.50

## Delta Dental

Employee	\$47.20	Employee + Children	\$96.09
Employee + Spouse	\$89.35	Employee + Family	\$155.09

# Benefits for 2023

## Medical



### Summary of Coverage

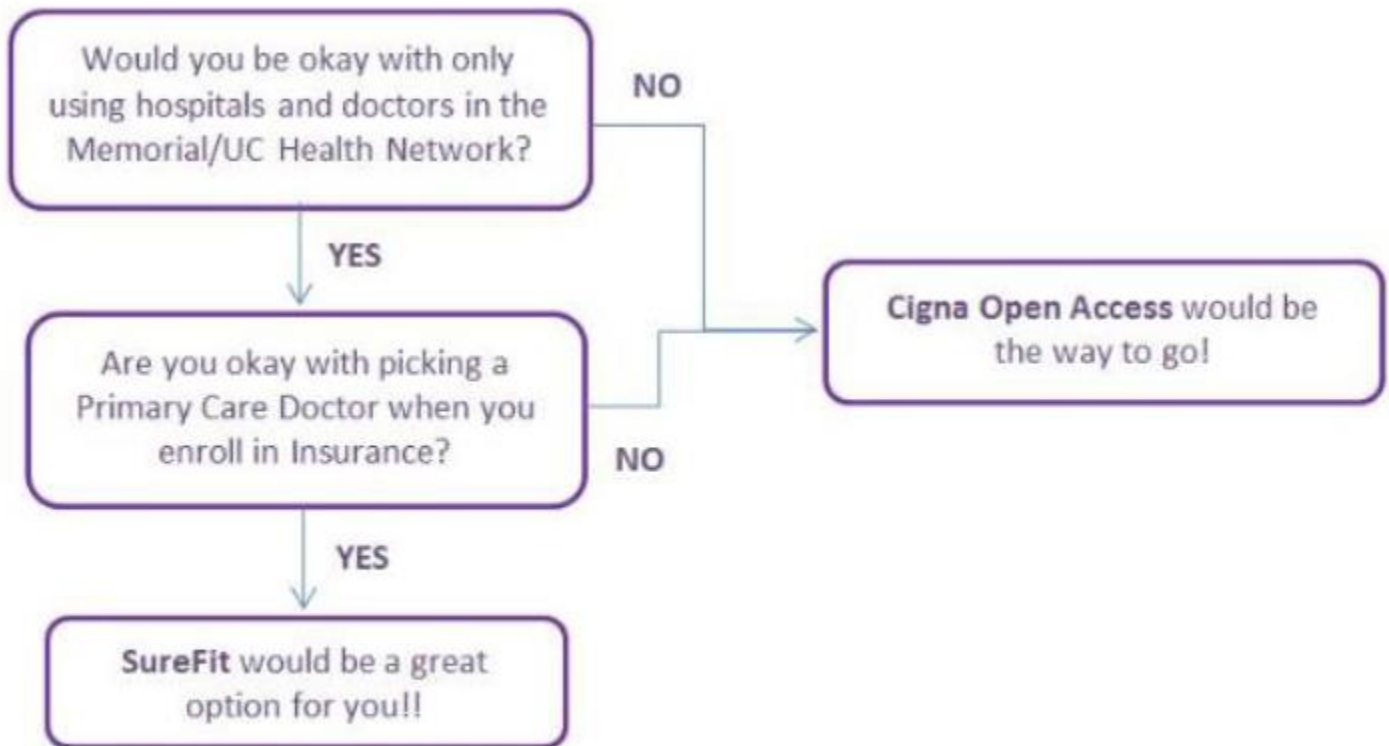
Plan Features	SureFit IN 2000/30/70% (Base)	OAP IN 2000/30/70% (Mid 1)	SureFit IN \$750/\$30/90% (Mid 2)	OAP IN \$750/30/90% (Buy-Up)
<b>IN NETWORK</b>				
Calendar Year Deductibles (Indiv / Family)	\$2,000 / \$6,000	\$2,000 / \$6,000	\$750 / \$1,500	\$750 / \$1,500
Referral? / Network	Yes / SureFit	No / Open Access Plus	Yes / SureFit	No / Open Access Plus
Convenience Care Clinic	\$30	\$30	\$30	\$30
Preventive Care	\$0	\$0	\$0	\$0
Primary Care Visit	\$30	\$30	\$30	\$30
Specialist Visit	\$60	\$60	\$50	\$50
Virtual Care	\$30 / \$60	\$30 / \$60	\$30 / \$50	\$30 / \$50
Labs / X-Rays	\$0	\$0	10%	10%
Complex Images	30% After Deductible	30% After Deductible	\$200	\$200
Outpatient Procedure	30% After Deductible	30% After Deductible	\$600 + 10%	\$600 + 10%
Inpatient Visit	30% After Deductible	30% After Deductible	\$600/day up to 5 days + 10%	\$600/day up to 5 days + 10%
Emergency Room	\$400	\$400	\$400	\$400
Urgent Care	\$60	\$60	\$50	\$50
Pharmacy / RX (30 Day Supply)	\$15 / \$50 / \$70 / 30% up to \$350	\$15 / \$50 / \$70 / 30% up to \$350	\$15 / \$50 / \$70 / 30% up to \$350	\$15 / \$50 / \$70 / 30% up to \$350
Pharmacy / RX (90 Day Supply)	\$38 / \$125 / \$175	\$38 / \$125 / \$175	\$38 / \$125 / \$175	\$38 / \$125 / \$175
Calendar Year Out-of-Pocket Max (Indiv / Family)	\$6,350 / \$12,700	\$6,350 / \$12,700	\$4,500 / \$9,000	\$4,500 / \$9,000
<b>Out of Network</b>				
No Benefit				
<b>WEBSITE / NETWORK / PHONE NUMBER</b>				
	<a href="http://www.cigna.com">www.cigna.com</a> / SureFit / 866-494-2111	<a href="http://www.cigna.com">www.cigna.com</a> / OAP / 866-494-2111	<a href="http://www.cigna.com">www.cigna.com</a> / SureFit / 866-494-2111	<a href="http://www.cigna.com">www.cigna.com</a> / OAP / 866-494-2111

## Benefits for 2023

# Medical



## SureFit or Open Access Plus Which Cigna network is right for you?



\* Member may be responsible for any amount over the allowed amount



# Benefits for 2023

## Medical



Your life is busy. Sometimes it's hard to know if what you are experiencing is depression or sadness, worry or anxiety. When these feelings become excessive, are ongoing or interfere with your daily life, it's time to seek the help you need.

Our broad support includes coverage for your emotional health, as well as tools and programs to support your general health and well-being. All of this is available to you as a Cigna health plan customer. We help you take control of your health – body and mind – whenever you need it, 24/7.



### A network of health care providers

- › National network of clinicians – counselors, psychologists and psychiatrists
- › Guaranteed first-time appointments in five business days and a callback within one business day through our Fast Access network<sup>1</sup>
- › Live chat on [myCigna.com](https://mycigna.com)
- › Virtual counseling sessions available with over 50,000 clinicians<sup>2</sup>
- › Online therapy with a licensed therapist through Talkspace, via private messaging or live video session
- › Support programs for autism, eating disorders, substance use and more
- › Centers of Excellence for Adult Mental Health, Child & Adolescent Mental Health, Eating Disorders and Substance Use<sup>3</sup>

### Programs to help manage life events<sup>4</sup>

- › Three face-to-face visits with a licensed behavioral health provider in Cigna's employee assistance program (EAP) network
- › Live chat with an employee assistance program advocate
- › Unlimited telephone support and access to work-life resources
- › Access to legal services, including a 30-minute consultation with a program attorney for legal issues including civil, personal/family and Internal Revenue Service (IRS) with 25% off select fees if the program attorney is retained
- › Access to financial services, such as 25% off tax preparation and a 30-minute complimentary phone consultation with a financial specialist on debt counseling, student loans and more
- › Access to identity theft support, including a 60-minute consultation with a fraud resolution specialist who can help with what actions to take to recover from identity theft and how to protect yourself in the future

**Together, all the way.®**



\* Mem

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Offered by: Cigna Health and Life Insurance Company or its affiliates.

# Benefits for 2023

## Medical

### IN-OFFICE QUALITY. AT-HOME PRIVACY AND CONVENIENCE.

Behavioral/mental health virtual care offers both.

With behavioral/mental health virtual care, you get the care and attention you'd expect from an in-office visit, wherever and whenever is most convenient for you. Here's how it works.

- › Talk privately with a licensed counselor or psychiatrist via video or phone.\*
- › Have a prescription sent directly to your local pharmacy, if appropriate.

To schedule an appointment online, go to **myCigna.com**. Or, call MDLIVE directly at **888.726.3171**.

**MDLIVE** for Cigna®

**You can also receive care through Cigna's network of behavioral health providers.**

Cigna Behavioral Health provides access to virtual counseling through its own network of providers.

To find a Cigna Behavioral Health network provider:

- › Visit **myCigna.com**, go to "Find Care & Costs" and enter "Virtual counselor" under Doctor by Type.
- › Or, call the number on your Cigna ID card.



**Get treated for conditions, such as:**

- › Addictions
- › Bipolar disorders
- › Child/adolescent issues
- › Depression
- › Eating disorders
- › Grief/loss
- › Life changes
- › Men's issues
- › Panic disorders
- › Parenting issues
- › Postpartum depression
- › Relationship/marriage issues
- › Stress
- › Trauma/PTSD
- › Women's issues

**Together, all the way.®**



**Offered by Cigna Health and Life Insurance Company or its affiliates.**

\* Cigna provides access to virtual care through national telehealth providers as part of your plan. Providers are solely responsible for any treatment provided to their patients. Video chat may not be available in all areas or with all providers. This service is separate from your health plan's network and may not be available in all areas or under all plan types. A Primary Care Provider referral is not required for this service.

In general, to be covered by your plan, services must be medically necessary and used for the diagnosis or treatment of a covered condition. Not all prescription drugs are covered. Product availability may vary by location and plan type and is subject to change. All group health insurance policies and health benefit plans contain exclusions and limitations. See your plan materials for costs and details of coverage, including other telehealth/telemedicine benefits that may be available under your specific health plan.

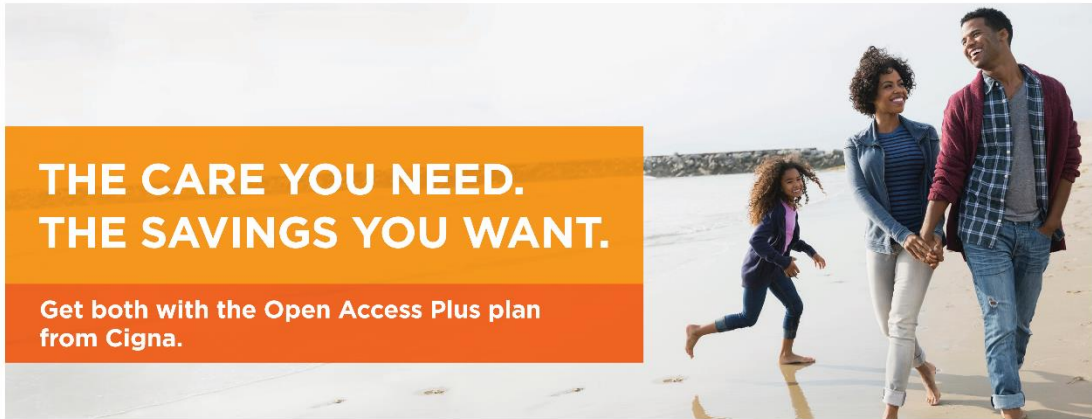
All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company (CHLIC), Cigna Behavioral Health, Inc., and HMO or service company subsidiaries of Cigna Health Corporation, including Cigna HealthCare of Arizona, Inc., Cigna HealthCare of California, Inc., Cigna HealthCare of Colorado, Inc., Cigna HealthCare of Connecticut, Inc., Cigna HealthCare of Florida, Inc., Cigna HealthCare of Georgia, Inc., Cigna HealthCare of Illinois, Inc., Cigna HealthCare of Indiana, Inc., Cigna HealthCare of St. Louis, Inc., Cigna HealthCare of North Carolina, Inc., Cigna HealthCare of New Jersey, Inc., Cigna HealthCare of South Carolina, Inc., Cigna HealthCare of Tennessee, Inc. (CHC-TN), and Cigna HealthCare of Texas, Inc. Policy forms: OK – HP-APP-1 et al. (CHLIC); OR – HP-POL38 02-13 (CHLIC); TN – HP-POL43/HIC-CER1V1 et al. (CHLIC); 65A-COVER, et al. (CHC-TN). The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.

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\* Member may be responsible for any amount over the allowed amount

# Benefits for 2023

## Medical



Offering flexible access to thousands of providers – plus programs and services to support your whole health needs – the Open Access Plus (OAP) plan is designed to make it easier for you to get the quality care you need and the savings you want.

### Here's how it works.

#### › In-network savings

You have the freedom to use any provider or facility of your choice, whether they are in the Cigna OAP network or out of the network. Just know that staying in-network will help keep your costs down and avoid any additional paperwork.

#### › No-referral specialist care

A primary care provider (PCP) is recommended, but not required. If you need to see a specialist for any reason, you don't need a referral to see an in-network health care provider. If you choose an out-of-network specialist, your care will be covered at the out-of-network level and you may be responsible for any preauthorizations needed.

#### › Care coordination

Our robust medical management program provides you and your family a valuable resource for one-on-one support and guidance to the right programs and services.

#### › Hospital stays

In an emergency, you have coverage. However, requests for nonemergency hospital stays (other than maternity stays) and some types of outpatient care must have prior authorization or be preauthorized. This lets Cigna determine if the services are covered by your plan.

If your provider is in the Cigna OAP network, he or she will arrange for prior authorization. If you use an out-of-network provider, you must make the arrangements.

#### › Out-of-pocket costs

Depending on your plan, you may have to pay an annual amount (deductible) before your plan begins to pay for covered health care costs. You may also need to pay a copay and/or coinsurance (a portion of the covered charge) for covered services. Then, your plan pays the rest. Once you reach an annual limit on your payments (out-of-pocket maximum), the health plan pays your covered health care costs at 100% for the rest of your plan year.

If you receive out-of-network care, your costs will be higher. Out-of-network providers and facilities may also bill you for charges that are not covered by the plan. Charges not covered by the plan do not contribute to your deductible or out-of-pocket limits.

Together, all the way.®



Offered by Cigna Health and Life Insurance Company.

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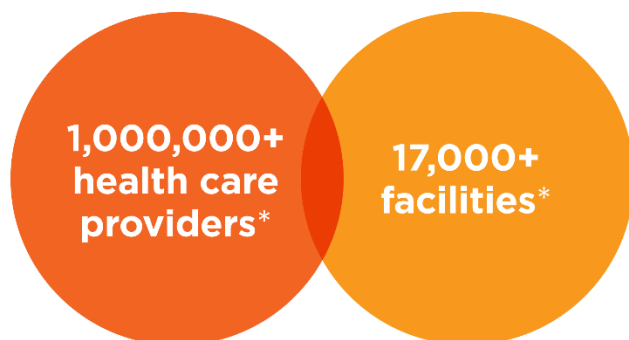
\* Member may be responsible for any amount over the allowed amount



# Benefits for 2023

## Medical

**Great care anywhere.**  
**Where you live, work or travel**



### Added convenience and support

#### › Virtual Care

Connect 24/7 with board-certified providers and pediatricians for minor medical conditions. You can also schedule online appointments for licensed counselors or psychiatrists for behavioral or mental health conditions. You and your covered family members can get care from anywhere via video or phone.\*\*

#### › Cigna Health Information Line

With the Cigna Health Information Line, clinicians are just a phone call away – 24/7, and at no extra cost. They can help you understand health issues you might be experiencing, and help you to make informed decisions – whether it's reviewing home treatment options, following up on a provider's appointment, or choosing and finding the right care in the right setting.

#### › Live, 24/7/365 customer service

Customer service representatives are here for you where and when you need us – over the phone, via chat at **myCigna.com** or on the myCigna® App.

#### › The myCigna website and app

On **myCigna.com** and the myCigna App, you have easy access to personalized tools to help you take control of your health and your health care spending. From your computer or mobile device, you can:

- Manage and track claims
- See cost estimates for medical procedures
- Compare quality information for providers and hospitals
- Track your account balances and deductibles
- Use the easy health and wellness tools
- Print a temporary ID card



**Want to check if your provider is in the Cigna OAP network before you enroll?**

**Just go to [Cigna.com](https://www.cigna.com) and click on “Find a Provider, Dentist or Facility” and then click on “Plans through your employer or school” to search the provider directory.**



## Benefits for 2023

## Dental Coverage

## Summary of Coverage



**AlphaUS**  
Dental Plan

Customer Service  
(800) 807-0706  
support@betadental.com

## AlphaUS Dental Plan Summary of Benefits

- Savings of **20 - 50%** on all dental services
  - No waiting on ANY services, including major/ortho
  - Unlimited services – use as much as you like
  - Very low out-of-pocket cost – significant savings!
  - No deductibles or claim forms
  - Cosmetic dentistry included
  - Orthodontics for children and adults
- PLUS!**
- Vision discounts through VSP Savings Pass
  - Hearing discounts through Amplifon
  - Teledentistry availability through Teledentistry.com
  - Interest-free financing up to 36 months on \$1,000 of dental, vision, and hearing costs

## How does the AlphaUS Dental plan work?

The AlphaUS Dental Plan is a national network dental plan. All discounted fees on this plan are pre-negotiated with the General Dentist, so there are no hidden costs or expenses. Specialty care is also available at a greatly reduced cost on this plan as well.

You must see an AlphaUS dental provider in order to receive the discounted savings. There are no out-of-network services available on this plan. Below is a list of the most common dental procedures and what you will pay.

This plan uses the Careington CarePOS network. When calling to make an appointment with a network dental office, mention the CarePOS dental savings plan.

## AlphaUS Dental Plan Savings (what you pay)

Fees vary by location across the US. Fees listed are illustrative of 1 fee schedule.

ADA Code	Dental Procedure Description	Normal fee	AlphaUS Fee	Savings
0150	Comprehensive Exam	\$126	\$46	63%
0274	Bitewings x-ray (four films)	\$89	\$36	60%
1110	Prophylaxis-adult	\$108	\$54	50%
0120	Periodic oral exam-established patient	\$72	\$27	58%
0210	Intraoral- complete series	\$221	\$81	63%
2330	Resin based composite (one surface)	\$215	\$83	61%
2790*	Crown-full cast high noble metal	\$1,580	\$657	58%
3330	Molar (excluding final restoration)	\$1,425	\$661	54%
4341	Periodontal Scaling/Root Planning	\$348	\$140	60%
5110*	Complete denture-maxillary	\$2,433	\$905	63%
7140	Extraction erupted tooth	\$261	\$92	65%
9230	Nitrous Oxide	\$113	\$32	72%

AlphaUS Dental Plan Provider Lookup and Full Fee Schedule  
<https://alphadentalplan.com/alpha-plus-dental-plan/>

brought to you by **Beta**  
Health



## Benefits for 2023

## Summary of Coverage

## Dental Coverage



**Delta Dental PPO™**  
**Beta Plan 4**  
**Summary of Benefits**

Calendar-year Deductible	\$50 – Individual \$150 – Family	Applies to Basic and Major services only
Calendar-year Maximum	\$2,000	Per Individual
Orthodontic Lifetime Maximum	Not included	
Prevention First	Included	Deductibles do not apply to Diagnostic & Preventive Services, and these services do not count against calendar-year maximum <b>when using a PPO or Premier provider for all services.</b>
Right Start 4 Kids®	Included	For children up to their 13th birthday at 100% coinsurance for diagnostic & preventive, basic, and major services up to the calendar-year maximum <b>when using a PPO or Premier provider for all services*</b>

Network	Delta Dental PPO Dentist	Delta Dental Premier Dentist	Non-Participating Dentist	Benefit Limitations
<b>Diagnostic &amp; Preventive Services</b>				
Oral Exams & Cleanings	100%	90%	90%	2 per calendar year; up to 2 additional cleanings with any Evidence-Based Dentistry (EBD) condition (Periodontal Disease with: Diabetes, Pregnancy, or Cardiovascular) or Immune System Suppression, Kidney Failure/Dialysis
Limited Oral Evaluation – Problem Focused	100%	90%	90%	2 per calendar year (in addition to Oral Exam)
Screenings	100%	90%	90%	2 per calendar year (in addition to Oral Exam)
Sealants	100%	90%	80%	1 per tooth in any 3 year period through age 19
Bitewing X-Rays	100%	90%	90%	1 set (any number of films) per calendar year (includes vertical Bitewing X-ray)
Full-mouth X-rays	100%	90%	90%	1 per 5 years unless documentation of special need
Fluoride	100%	90%	90%	2 per calendar year, no age limitation
Space Maintainers	100%	90%	90%	1 per quadrant per lifetime (to include unilateral or bilateral) to maintain space for eruption of permanent posterior teeth through age 19
<b>Basic Services</b>				
Fillings	80%	80%	80%	Amalgam (Silver) or Composite Fillings: 1 per tooth and surface per 5 years
Simple Extractions	80%	80%	80%	
Anesthesia Services	80%	80%	80%	General, IV Sedation or Analgesia (nitrous oxide) – Up to 1 hour covered with Endodontics, Periodontal Surgery, Surgical Implant Placement and Oral Surgery.
Oral Surgery	80%	80%	80%	
Endodontics/Periodontics	80%	80%	80%	Periodontal Cleanings: 4 maintenance cleanings per year (not to exceed 4 cleanings per year)
<b>Major Services</b>				
Denture Repair/Reline	50%	50%	50%	1 per 3 years per appliance
Crowns/Implants	50%	50%	50%	Crowns: 1 per 7 years; not a benefit under age 12 Implants: 1 per 7 years; not a benefit under age 16
Dentures/Bridges	50%	50%	50%	1 per 7 years; not a benefit under age 16
Occlusal Guards	50%	50%	50%	1 per 5 years, adjustments covered 1 per year following 6 months of initial placement
<b>Orthodontic Services</b>	Not included	Not included	Not included	

RIGHT START 4 KIDS (RS4K) FROM DELTA DENTAL OF COLORADO is a unique plan design enhancement that removes most of the cost barriers to dental care by providing coverage for children up to their 13th birthday at 100% coinsurance for diagnostic & preventive, basic, and major services, with no deductible, when in-network providers are seen.\* If an out-of-network provider is seen, the adult coinsurance levels will apply. Orthodontic services are available but are not eligible for the RS4K 100% coverage level. Right Start 4 Kids is subject to limitations, exclusions, and annual maximum. Check your benefits booklet for specific plan coverage as it varies from group to group.

If you are enrolled in a MAC PPO plan. The Maximum Allowable Charge (MAC) plan is a feature of Delta Dental PPO that will help you save on out-of-pocket costs. You may visit any licensed provider, but you will receive the greatest savings when you choose a PPO provider.

## Benefits for 2023

# Dental Coverage



### The Right Start for a Bright Future Right Start 4 Kids<sup>SM</sup> from Delta Dental of Colorado



100% COVERAGE\*



NO DEDUCTIBLE



IN-NETWORK  
PROVIDERS



HEALTHY SMILES &  
BRIGHT FUTURES

Did you know that cavities are the most chronic childhood disease? Cavities are five times more common than asthma. Children with pain from tooth decay typically miss more school and have lower grades than their peers, not to mention the missed school and work hours. But cavities are nearly 100% preventable, and it's easy to protect your child's oral health and ensure better overall health.

**RIGHT START 4 KIDS FROM DELTA DENTAL OF COLORADO** is an innovative plan design enhancement that removes most of the cost barriers to dental care by providing coverage for children up to their 13th birthday at 100%, with no deductible, when in-network providers are seen.\* If an out-of-network provider is seen, the adult coinsurance levels will apply. Orthodontic services are available but are not eligible for the RS4K 100% coverage level.

This benefit enhancement is available to all small groups (2-100) who have a standard, not customized, plan.

Want to learn more about your child's oral health and why it's so important to take care of it from an early age? Go to the Oral Health & Wellness page on our website at [www.deltadentalco.com/wellness.aspx](http://www.deltadentalco.com/wellness.aspx).



\* Right Start 4 Kids is subject to limitations, exclusions, and annual maximum. Check your benefits booklet for specific plan coverage as it varies from group to group.

[deltadentalco.com](http://deltadentalco.com)



## Benefits for 2023

# Dental Coverage



## Delta Dental Mobile App



Your oral health is important to Delta Dental — and to your overall health! We've designed our mobile app to make it easy for you to make the most of your dental benefits. Maximize your health, wherever you are! Search for a dentist near you, check claims and coverage, view ID cards, and more...right on your mobile device.



### Getting started

Delta Dental's mobile app is optimized for iOS (Apple) and Android devices. To download our app on your device, visit the App Store (Apple) or Google Play (Android) and search for Delta Dental. Or, scan the QR code at right. You will need an internet connection in order to download and use most features of our free app.



SCAN TO DOWNLOAD  
DELTA DENTAL  
MOBILE APP

### Logging in to view benefits

Delta Dental subscribers can log in using the username and password they use to log in to our website. If you haven't registered for an account yet, you can do that within the app. If you've forgotten your username or password, you can also retrieve these via the Delta Dental mobile app.

[deltadentalco.com](https://deltadentalco.com)





# Benefits for 2023

## Vision Coverage

### Summary of Coverage



#### Ellicott School District 22



## 40% OFF

additional complete pair of prescription eyeglasses

## 20% OFF

non-covered items, including non-prescription sunglasses

#### Find an eye doctor (Insight Network)

- 866.804.0982
- eyemed.com
- EyeMed Members App
- For LASIK, call 1.800.988.4221

#### Heads Up

You may have additional benefits. Log into [eyemed.com/member](https://eyemed.com/member) to see all plans included with your benefits.

#### SUMMARY OF BENEFITS

VISION CARE SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK MEMBER REIMBURSEMENT
<b>EXAM SERVICES</b>		
Exam	\$20 copay	Up to \$40
Retinal Imaging	Up to \$39	Not covered
<b>CONTACT LENS FIT AND FOLLOW-UP</b>		
Fit and Follow-up - Standard	Up to \$40	Not covered
Fit and Follow-up - Premium	10% off retail price	Not covered
<b>FRAME</b>		
Frame	\$0 copay; 20% off balance over \$180 allowance	Up to \$126
<b>LENSES</b>		
Single Vision	\$20 copay	Up to \$30
Bifocal	\$20 copay	Up to \$50
Trifocal	\$20 copay	Up to \$70
Lenticular	\$20 copay	Up to \$70
Progressive - Standard	\$75 copay	Up to \$50
Progressive - Premium	\$105 - 195 copay	Up to \$50
<b>LENS OPTIONS</b>		
Anti Reflective Coating - Standard	\$45 copay	Up to \$5
Anti Reflective Coating - Premium Tier 1 - 3	\$57 - 85 copay	Up to \$5
Photochromic - Non-Glass	\$75	Not covered
Polycarbonate - Standard	\$40	Not covered
Polycarbonate - Standard < 19 years of age	\$0 copay	Up to \$32
Scratch Coating - Standard Plastic	\$0 copay	Up to \$12
Tint - Solid and Gradient	\$0 copay	Up to \$12
UV Treatment	\$0 copay	Up to \$12
All Other Lens Options	20% off retail price	Not covered
<b>CONTACT LENSES</b>		
Contacts - Conventional	\$0 copay; 15% off balance over \$180 allowance	Up to \$180
Contacts - Disposable	\$0 copay; 100% of balance over \$180 allowance	Up to \$180
Contacts - Medically Necessary	\$0 copay	Up to \$210
<b>OTHER</b>		
Hearing Care from Amplifon Network	Up to 64% off hearing aids; call 1.877.203.0675	Not covered
LASIK or PRK from U.S. Laser Network	15% off retail or 5% off promo price; call 1.800.988.4221	Not covered
<b>FREQUENCY</b>	<b>ALLOWED FREQUENCY - ADULTS</b>	<b>ALLOWED FREQUENCY - KIDS</b>
Exam	Once every 12 months from the date of service	Once every 12 months from the date of service
Lenses	Once every 12 months from the date of service	Once every 12 months from the date of service
Frame	Once every 24 months from the date of service	Once every 24 months from the date of service
Contact Lenses	Once every 12 months from the date of service	Once every 12 months from the date of service

(Plan allows the member to receive either contacts and frame, or frame and lens services.)

## Benefits for 2023

## Summary of Coverage

# Vision Coverage

### Ready to live your best EyeMed life?

There's so much more to your vision benefits than copays and coverage. Get ready to see the good stuff for yourself.

#### Your network is the place to start

See who you want, when you want. You have thousands of providers to choose from – independent eye doctors, your favorite retail stores, even online options.

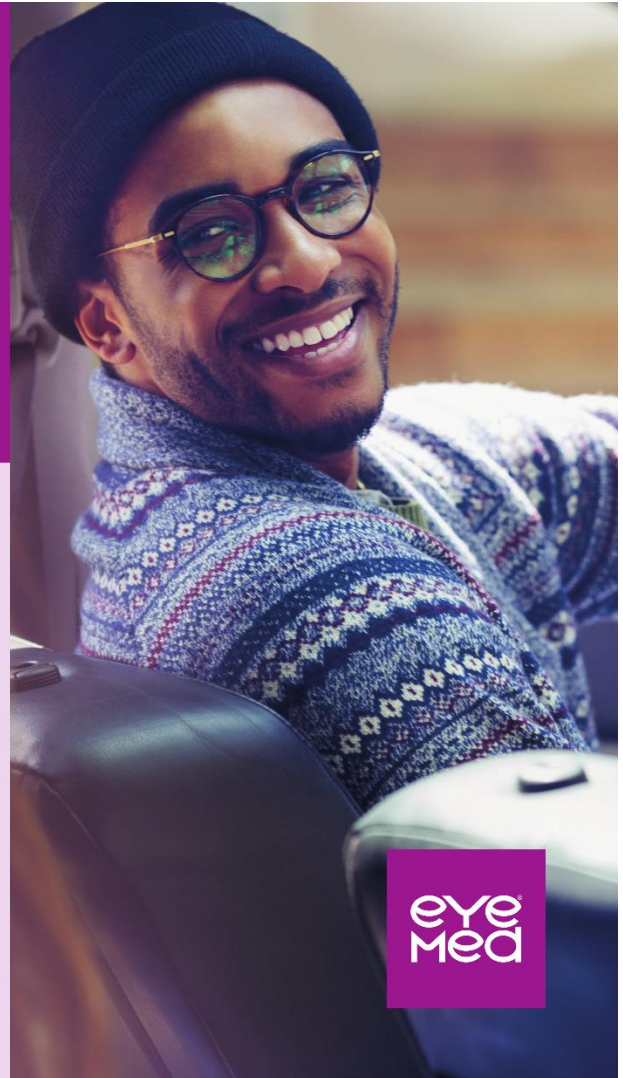
#### Keep your eyes open for extra discounts

Members already save an average 71% off retail using their EyeMed benefits,<sup>1</sup> but our long list of special offers takes benefits even further.

#### Remember, you're never alone

We're always here to help you use your benefits like a pro. Stay in-the-know with text alerts or healthy vision resources from the experts. If it can make benefits easier for you, we do it.

<sup>1</sup>Based on weighted average of sample transactions; EyeMed Insight network/\$10 exam copay/\$10 materials copay/\$120 frame or contact lens allowance.



### Create a member account at [eyemed.com](https://eyemed.com)

Everything is right there in one spot. Check claims and benefits, see special offers and find an eye doctor – search for one with the hours, location and brands you want. For maximum mobility, try the EyeMed Members App (Google Play or App Store).

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INDEPENDENT  
PROVIDER  
NETWORK



LENSCRAFTERS

PEARLE  
VISION

OPTICAL



# Notes

[illegible]



*Ellicott School District 22*

*2023 Benefits Open Enrollment Booklet*