



November 15, 2021

Attention: Benefit Plan Administrator  
ARCHDIOCESE OF ST. LOUIS  
20 Archbishop May Drive  
SAINT LOUIS, MO 63119

## Dear DeltaVision Client:

As previously shared, on January 1, 2022 we will be delivering DeltaVision through EyeMed Vision Care. Due to these business changes, please find the enclosed amendment to your certificate of coverage including an updated Schedule of Benefits. We are also providing an updated Privacy Notice.

Please share the enclosed information about the upcoming changes with your employees and post the amendment with your current vision certificate of coverage.

In addition, here are some key points for your reference:

- Delta Dental continues to serve as the single point of contact for group matters. Contact your Delta Dental account manager for any questions about client reporting or plan operations. Contact your group accounts representative for any questions regarding billing or eligibility.
- EyeMed is responsible for DeltaVision customer service and provider network management. Its affiliate, First American Administrators, Inc., will handle claims adjudication. Members can contact EyeMed Customer Service at 877-226-1412.
- All members will receive new ID cards from EyeMed that reflect the EyeMed Insight network in mid-December for use starting on January 1, 2022. The welcome packet will include a customized listing of nearby providers.
- Members can utilize the DeltaVision member portal for plan information and to print a temporary ID card at [www.deltavisionmo.com/Members/Login](http://www.deltavisionmo.com/Members/Login).
- To search for a provider, on January 1, 2022 members can visit the DeltaVision website, [DeltaDentalMO.com/vision](http://DeltaDentalMO.com/vision). Or, before the start date, members can visit EyeMed.com and utilize the Find an Eye Doctor tool, choosing the Insight Network for their search.

We appreciate you choosing DeltaVision for your vision benefit needs.

Thank you,

**Delta Dental of Missouri**



**Delta Dental of Missouri**

## Advantica Insurance Company

### Amendment to Master Policy and Member Certificate

This Amendment is issued for attachment to and inclusion as part of your Master Policy (“Policy”) and Member Certificate (“Certificate”) with Advantica Insurance Company (“AIC”). The effective date of this Amendment is January 1, 2022. All capitalized terms not otherwise defined herein have the meanings given to such terms in the Policy or Certificate, as applicable. The Policy and Certificate (including any amendments, riders or attachments thereto) are amended as set forth below.

**Party Identification** - The identification of underwriter and administrator language in the Policy and Certificate is deleted and replaced with the following:

DeltaVision® is underwritten by Advantica Insurance Company, a Delta Dental of Missouri Company. Customer service and provider network administration for DeltaVision are provided through an agreement with EyeMed Vision Care, LLC and claim processing through First American Administrators, Inc., an affiliate of EyeMed. Other administrative services are provided by Delta Dental of Missouri. EyeMed Vision Care® is a registered trademark of EyeMed Vision Care, LLC. Delta Dental and DeltaVision are registered trademarks of the Delta Dental Plans Association.

**Section I – Definitions** - The following definition is deleted from Certificate:

“**Allowable Expense**” means an expense that is considered a covered charge, at least in part, by one or more of the Plans. When a Plan provides benefits by services, reasonable cash value of each service will be treated as both an Allowable Expense and a benefit paid.

**Section I – Definitions** - The following definition is added to the Certificate:

“**Network Administrator**” means the entity that contracts with In-Network Providers, unless otherwise designated, the Network Administrator is EyeMed Vision Care, LLC (“EyeMed”).

**Section I – Definitions** - The following defined terms in the Certificate shall be deleted and replaced with:

“**Administrator**” means the entity that provides administrative services under the Master Policy. Unless otherwise designated, the Administrators are Delta Dental of Missouri and First American Administrators, Inc. (“FAA”).

“**Benefit Frequency**” means the period during which a benefit is payable under the terms of this Member Certificate, as indicated on the Schedule of Benefits. This period will begin on January 1.

“**In-Network Provider**” means an Ophthalmologist, Optometrist or Optician who has entered into an agreement with EyeMed Vision Care, LLC to provide Covered Services or Materials at an agreed upon cost.

“**Plan**” means any plan, including this one, that provides benefits or services for vision services on either a group or individual basis.

### **Section VI - Limitation and Exclusions**

The Limitations in the Certificate are deleted and replaced with the following:

#### **A. Limitations**

The Contact Lenses benefit is paid in lieu of benefits for Eyeglass Lenses. A Covered Person is only eligible to receive benefits under the Eyeglass Lenses benefit after the Contact Lenses Benefit Frequency has ended.

Benefits paid for Contact Lenses are paid only once during a Benefit Frequency and must be fully utilized at the time of purchase.

The Eyeglass Lenses benefit is paid in lieu of the Contact Lenses benefit, and a Covered Person is only eligible to receive benefits under the Contact Lenses benefit after the Eyeglass Lenses Benefit Frequency has ended.

The Exclusions in the Certificate for the items listed below are deleted and replaced with the following:

**B. Exclusions**

The following conditions, procedures and/or materials are not Covered Services or Materials, unless otherwise specifically listed as a covered benefit in the Schedule of Benefits:

- (17) services and materials provided by another vision plan;
- (19) benefits provided under the Member’s medical insurance;

**Section VIII – Coordination of Benefits (COB)** - The COB language in the current Certificate is delete and replaced with the following:

When a Member has vision coverage under more than one Plan, the benefits payable under the Master Policy will be considered the Primary Plan and FAA will adjudicate benefits as if there were no other Plans. FAA will not coordinate benefits.

Coordination of Benefits by another Plan may result in payments made by the other Plan that should have been made by FAA, and thus FAA has the right to pay such other Plan all amounts it paid which would otherwise have been paid by FAA. FAA will be discharged from liability to the extent of such payments, the amounts of which will be treated as benefits paid under the Master Policy.

**Schedule of Benefits**

The Schedule of Benefits in the Certificate is deleted and replaced with the attached Schedule of Benefits.

Accordingly, on and after the effective date, the addresses and phone numbers previously shown in the Policy, Certificate and Member Enrollment Forms (including any amendments, riders or attachments thereto) are replaced with the following:

Administrators:	Delta Dental of Missouri 12399 Gravois Rd. St. Louis, MO 63127 First American Administrator, Inc 4000 Luxottica Place Mason, Ohio 45040	Network Administrator:	EyeMed Vision Care, LLC 4000 Luxottica Place Mason, Ohio 45040
Claims filing:	First American Administrator, Inc P.O. Box 8504 Mason, OH 45040-7111 Fax - (866) 293-7373	Complaints and Appeals:	First American Administrator, Inc. 4000 Luxottica Place Mason, Ohio 45040 (877) 226-1412

Customer Service: (877) 226-1412

Except as expressly provided in this Amendment, the terms and conditions of the Policy and Certificate will remain unchanged and in full force and affect. This Amendment will remain in effect so long as the Policy and Certificate remain in effect.

AIC hereby acknowledges and approves the changes to the Policy and Certificate (including any amendments, riders or attachments thereto) as described above.

Advantica Insurance Company

By: 

E.B. Rob Goren  
President

**Section XIII - Schedule of Benefits**

BENEFIT FREQUENCY	
<b>EXAMS</b>	
Eye Exam	Every calendar year
Contact Lens Fit	Every calendar year
<b>MATERIALS</b>	
Frames	Every other calendar year
Lenses and Lens Options	Every calendar year
Contact Lenses	Every calendar year

	IN NETWORK <sup>1</sup>	OUT OF NETWORK REIMBURSEMENT <sup>2</sup>
<b>EXAMS</b>		
<b>Eye Exam</b> <i>Comprehensive Eye Exam with Dilation</i>	\$10 Copay	Up to \$40
<b>Contact Lens Fit</b> <i>Available once eye exam is completed</i>	\$40 allowance	None
<b>FRAMES</b>		
<b>Frames</b> <i>Any available frame at provider location</i>	\$150 allowance	Up to \$60
<b>LENSES</b>		
<b>Standard (CR-39) Plastic Lens</b>		
Single Vision	\$25 Copay	Up to \$20
Bifocal	\$25 Copay	Up to \$40
Trifocal	\$25 Copay	Up to \$60
Lenticular	\$25 Copay	Up to \$100
<b>Progressive Lenses</b>		
Standard Progressive Lenses <sup>3</sup>	\$75 Copay	Up to \$40
Premium Progressive Lenses <sup>3</sup>		
Tier 1	\$110 Copay	Up to \$40
Tier 2	\$120 Copay	Up to \$40
Tier 3	\$135 Copay	Up to \$40
Tier 4	\$90 Copay; plus 80% of charge less \$120 allowance	Up to \$40
<b>Lens Options</b> (available when purchased with standard or progressive lenses; additional copays apply)		
Standard Polycarbonate Lenses <i>(Members under age 20)</i>	\$0 Copay	None
Photochromic Lenses	\$60 Copay	None
<b>CONTACT LENSES</b> Available in lieu of Lenses. Only one of the following may be used.		
<b>Elective Contact Lenses</b> <i>Conventional or Disposable</i>	\$25 Copay; \$150 allowance	Up to \$90
<b>Medically Necessary Contact Lenses</b>	\$25 Copay; \$250 allowance	Up to \$250
<b>DISCOUNTS</b>		
<i>Discount pricing may be available from In-Network Providers for the following services. Member is responsible for paying for the cost of such items. Member may refer to the DeltaVision member portal for more information.</i>		
<ul style="list-style-type: none"> <li>• UV Treatment</li> <li>• Tints and Scratch coating</li> <li>• Standard Polycarbonate</li> <li>• Anti-Reflective Coating</li> <li>• Polarized Lenses</li> </ul>	<ul style="list-style-type: none"> <li>• Retinal Imaging</li> <li>• Discounts off the balance over allowance for certain covered services and materials</li> <li>• Additional pair discount</li> </ul>	<ul style="list-style-type: none"> <li>• Laser Vision Correction (Lasik or PRK)</li> <li>• Hearing Care Services</li> </ul>

1. Where 'allowance' is shown, Member is responsible for all charges in excess of the allowance in addition to any applicable copay. Allowances are paid only once during a benefit period and must be fully utilized at time of purchase.
2. Submit Member Reimbursement Request Form and an itemized paid receipt to FAA.
3. Standard and Premium Progressive pricing is reflective of brands at the listed product tier. Providers are not required to carry all brands at all tiers. EyeMed reserves the right to make changes to the brands available on each tier.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

This Notice pertains to privacy practices for Delta Dental of Missouri and Advantica Insurance Company insured benefit plans. If your plan is self-funded by your employer, you can request a copy of the plan's notice of privacy practices from your employer.

**You have a Right to:**

**Get a copy of health and claims records**

- You may request a copy of your health and claims records we have about you.
- We will provide a copy or a summary of your health or claims records to you and we may charge a reasonable, cost-based fee.

**Ask us to correct health and claims records**

- You may request a correction to your health and claims records if you think they are incorrect or incomplete.
- We may say “no” to your request, but we’ll tell you why in writing.

**Request confidential communications**

- You may request that we contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests and must say “yes” if you tell us you would be in danger if we do not.

**Ask us to limit what we use or share**

- You may request that we limit the use of or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request and may say “no” if it would affect your care.

**Get a copy of this privacy notice**

- You may request a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you a paper copy.

**Choose someone to act for you**

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will verify that the person has the authority to act for you before we take any action.

**Get a list of those with whom we’ve shared information**

- You may request a list (accounting) of who we’ve shared your health information with and why for up to six years prior to the date you ask.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one free accounting a year but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

**File a complaint if you feel your rights are violated**

- You can file a complaint if you feel we have violated your privacy rights by contacting:  
**Privacy Officer**  
 12399 Gravois Road  
 St. Louis, MO 63127 866-392-1167  
[privacyofficer@deltadentalmo.com](mailto:privacyofficer@deltadentalmo.com)
- You can file a complaint with the Secretary of the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints).
- We will not retaliate against you for filing a complaint.

**Sharing your Health Information**

- We may discuss health information with your spouse or parent of a dependent child if such individual contacts us for assistance with eligibility, coverage, or payment issues; however, you have the right to request that we do not discuss your health information with these individuals for this purpose.
- We will not sell your information or share it for marketing purposes unless you give us written permission, or if the marketing purposes are allowed by law. *Example: We may inform you about health-related products or services.*

**Our Uses and Disclosures**

We typically use or share your health information to:

**Help manage the health care treatment you receive**

We can use your health information and share it with professionals who are treating you.  
*Example: We may tell your provider information about your prior treatments so he or she can provide appropriate services for you.*

**Run our organization**

- We can use and disclose your information to run our organization and contact you when necessary. *Example: We use health information about you for underwriting, premium rating, quality control and improvement activities.*
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage.

**Pay for your health services**

- We can use and disclose your health information as we pay for your health services. *Example: We*

may share information about you with another plan that covers you to coordinate payment for your treatment.

#### Administer your plan

- We may disclose your health information to your health plan sponsor for plan administration. **Example:** Your company contracts with us to provide a health plan and we provide your company with certain statistics to explain the premiums we charge.

#### Other ways we can use or share your health information

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. Before we share your information, we must comply with the law. For more information see:

[www.hhs.gov/ocr/privacy/HIPAA/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/HIPAA/understanding/consumers/noticepp.html).

#### Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

#### Comply with the law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services.

#### Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

#### Respond to lawsuits and legal actions

- We can share your health information in response to a court or administrative order or in response to a subpoena.

#### Business Associates

- We may share your health information with certain individuals and companies that we contract with to perform functions for us. We require these individuals and companies to protect your information and keep it confidential. **Example:** We may share information with a printing company to print your explanation of benefits.

#### Stop-Loss Insurance

- If you are covered under a group plan, we may share your health information with your employer's stop-loss carrier to pay claims or rate premiums.

#### Your Employer

- We will not share information with your employer for purposes of obtaining family medical leave coverage or for job related activities, such as promotion or firing, without your written permission.

#### State Law

- When your state's laws have stricter requirements for privacy or security of your health information than federal law, we will follow state law. **Example:** Missouri law requires that we get your written permission before we share particularly sensitive information such as HIV/AIDS status.

#### Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will promptly let you know if a breach occurs that may have compromised the privacy or security of your information.
- We will not use or share your information other than as described in this notice without first obtaining your written authorization. You may revoke your authorization in writing any time; however, your revocation will not be effective for actions already taken in reliance of the authorization.
- We are required to follow the terms of this notice as currently in effect and provide you with a copy of it.

For more information see:  
[www.hhs.gov/ocr/index.html](http://www.hhs.gov/ocr/index.html).

#### Changes to the Terms of this Notice

If our privacy practices change, we reserve the right to change the terms of this notice and the changes will apply to the health information that we maintain. If this notice is revised, we will post the revised notice on our website. If there is a material change, we will send a copy to the current address we have on file.

Download this Notice - This notice is available online at

<https://www.deltadentalmo.com/PrivacyHipaa>.

**Effective Date** - This notice is effective on November 1, 2021.

Delta Dental of Missouri is doing business in South Carolina as Delta Dental of South Carolina

PN-DVMO-122021