

ATTACHMENT NO. X-F: Health Insurance Renewal

Potential motion: Move to approve the renewal of Blue Cross Blue Shield (Health), Dearborn National (Life), Delta Dental (Dental) and Delta Vision (Vision) as provided by Arthur J. Gallagher & Co.

Recommended action: Approve the motion

It is recommended that the Board approve the renewal of the Health/Life/Dental/Vision Insurance as proposed and provided by Arthur J. Gallagher & Co. The health care renewal proposal has a -4.2% decrease in premiums, down from 5.9% last year. The renewal has a \$2500 deductible which is a \$2000 increase from the previous year but the district is offering a health reimbursement account to offset the difference in the deductible. Dental Insurance with Delta will renew with at 8% increase. There was no increase to the vision or life insurance premiums.

The insurance committee includes certified staff, support staff, administration and broker representatives. The committee met and discussed the renewals of BCBS, Delta Dental and Dearborn Life. The committee decided to renew with the renewal rates listed above.



Gallagher

Insurance | Risk Management | Consulting

North Boone CUSD #200

April 17, 2018

2018 Renewal

Presented by:

Mike Parrott & Jeanette Rowan

Gallagher Benefit Services, Inc.

Disclaimer Notice

This analysis is for illustrative purposes only, and is not a proposal for coverage or a guarantee of future expenses, claims costs, managed care savings, etc. There are many variables that can affect future health care costs including utilization patterns, catastrophic claims, changes in plan design, health care trend increases, etc. This analysis does not amend, extend, or alter the coverage provided by the actual insurance policies and contracts. See your policy or contact us for specific information or further details in this regard.

This proposal (analyses, report, etc.) is an outline of the coverages proposed by the carrier(s) based upon the information provided by your company. It does not include all the terms, coverages, exclusions, limitations, and conditions of the actual contract language. See the policies and contracts for actual language. This proposal (analyses, report, etc.) is not a contract and offers no contractual obligation on behalf of Arthur J. Gallagher & Co. Policy forms for your reference will be made available upon request.

North Boone PPO Executive Summary 7/1/2017 through 6/30/2018

| Monthly Claims - November, 2017 | | |
|---------------------------------|------------------|------------------|
| Coverage | Claims | Plan YTD Claims |
| Medical Claims | \$136,949 | \$608,691 |
| Rx Claims | \$18,707 | \$115,414 |
| Total Claims | \$155,761 | \$724,298 |

| | | |
|----------------------------|------------------|------------------|
| Total Claims | \$155,761 | \$724,298 |
| Estimated Retention | \$51,950 | \$260,275 |
| Total Costs | \$207,711 | \$984,573 |

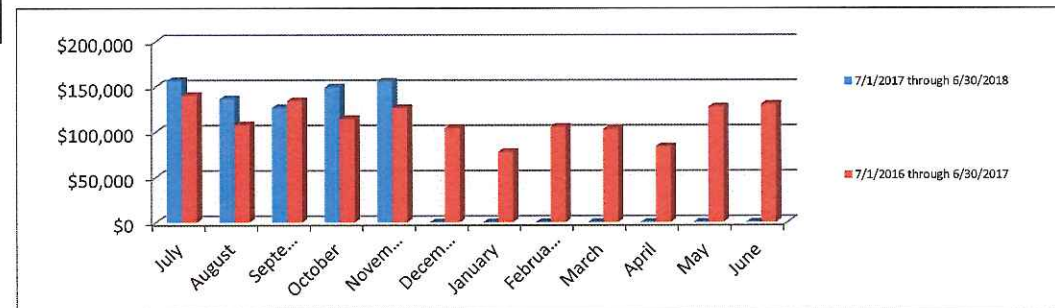
*Total Claims do not include specific reimbursements



| PPO Large Claims | | |
|------------------|-----------|-----------|
| Claimant | Diagnosis | Claims |
| Claimant 1 | N/A | \$124,903 |
| Claimant 2 | N/A | \$83,656 |

Average Number of Lives: 152

| Month | Overall Monthly Paid Claims 7/1/2017 through 6/30/2018 | | % Change |
|---------------------------------|--|----------------------------|------------|
| | 7/1/2017 through 6/30/2018 | 7/1/2016 through 6/30/2017 | |
| | Total Claims | Total Claims | |
| July | \$156,587 | \$140,355 | 12% |
| August | \$136,132 | \$107,440 | 27% |
| September | \$126,433 | \$134,090 | -6% |
| October | \$149,385 | \$114,128 | 31% |
| November | \$155,761 | \$126,013 | 24% |
| December | \$0 | \$103,990 | 0% |
| January | \$0 | \$77,608 | 0% |
| February | \$0 | \$105,317 | 0% |
| March | \$0 | \$102,906 | 0% |
| April | \$0 | \$83,439 | 0% |
| May | \$0 | \$127,219 | 0% |
| June | \$0 | \$130,316 | 0% |
| Total Claims | \$724,298 | \$1,352,821 | |
| Annualized Claims | \$1,738,316 | \$1,352,821 | 28% |
| Less Claims Over Pooling | -\$118,559 | -\$266,616 | |
| Net Claims | \$1,619,758 | \$1,086,205 | 49% |



NORTH BOONE CUSD #200



BlueCross BlueShield of Illinois

Experience. Wellness. Everywhere.®

Carrier

Effective Date

July 1, 2018

4th Quarter Deduct Carryover

Deductible - Single

Deductible - Family

OOP - Single

OOP - Family

Deduct Included in OOP

Rx Included in OOP?

Coinsurance

In-Network PCP Visit

In-Network Specialist Visit

In-Network Urgent Care Visit

In-Network Inpatient Hospital

In-Network Outpatient Surgery

Emergency Services

Prescription PBM Carrier

Retail - Preferred Pharmacy

Retail - Non-Preferred Pharmacy

Mail Order

Rating Structure

EE

EE & Spouse

EE & Child(ren)

Family

Total Maximum Costs

Monthly

Annual

% change to current

Estimated ACA Monthly Fees

| CURRENT / RENEWAL | |
|---|-----|
| PPO Custom Plan | |
| No | |
| IN | OUT |
| \$500 / \$1,000 | |
| \$1,500 / \$3,000 | |
| \$2,500 / \$5,000 | |
| \$7,500 / \$15,000 | |
| Yes | |
| No, Individual \$500 / Family \$1,500 | |
| 80% / 60% | |
| \$30 | |
| \$50 | |
| 80% after Deduct | |
| \$250 then 80% after Deduct | |
| 80% after Deduct | |
| \$150 | |
| Prime Therapeutics | |
| Generic / Pref Brand / Non-Pref Brand / Specialty | |
| \$15/\$30/\$50/\$50 | |
| \$30/\$60/\$100 | |

| OPTION | |
|---------------------------------------|-----|
| MPPC3836 | |
| Yes | |
| IN | OUT |
| \$2,500 / \$5,000 | |
| \$7,500 / \$15,000 | |
| \$4,500 / \$9,000 | |
| \$10,200 / \$20,400 | |
| Yes | |
| No, Individual \$1K / Family \$3k | |
| 80% / 60% | |
| \$30 | |
| \$50 | |
| 80% after Deduct | |
| 80% after Deduct | |
| 80% after Deduct | |
| \$150 | |
| Prime Therapeutics | |
| Generic / Pref Brand / Non-Pref Brand | |
| \$10/\$40/\$60 | |
| \$15/\$50/\$70 | |
| \$20/\$80/\$120 | |

of Lives

| | Current Rates | Renewal Rates |
|-----|---------------|---------------|
| 126 | \$734.74 | \$765.60 |
| 7 | \$1,570.83 | \$1,636.80 |
| 5 | \$1,433.25 | \$1,493.45 |
| 14 | \$2,270.71 | \$2,366.08 |

| Option Rates |
|--------------|
| \$703.88 |
| \$1,504.86 |
| \$1,373.05 |
| \$2,175.34 |

152

| Current Rates | Renewal Rates |
|----------------|----------------|
| \$142,529.24 | \$148,515.57 |
| \$1,710,350.88 | \$1,782,186.84 |

| Option Rates |
|----------------|
| \$136,542.91 |
| \$1,638,514.92 |

4.20%

-4.20%

Included in rates

Included in rates

NORTH BOONE CUSD #200

BC BS of IL Renewal and Option

July 1, 2018

| | Carrier | Plan # | Deductible <u>In/Out</u> | Deduct included in OOP Max | Out of Pocket Max <u>In/Out</u> | Coinsurance <u>In/Out</u> | OV Specialist Urgent Care | Preferred Rx | Annual Cost | % Change to Current |
|---------|-------------|-----------------|-----------------------------|----------------------------------|---------------------------------------|------------------------------|---------------------------------|---------------------|-----------------------|------------------------|
| Current | BC BS of IL | Custom | \$500/\$1,000 | Yes | \$2,500/\$5,000 | 80%/60% | \$30/\$50/80% after Deduct | \$15/\$30/\$50/\$50 | \$1,710,350.88 | |
| Renewal | BC BS of IL | Custom | \$500/\$1,000 | Yes | \$2,500/\$5,000 | 80%/60% | \$30/\$50/80% after Deduct | \$15/\$30/\$50/\$50 | \$1,782,186.84 | 4.20% |
| Option | BC BS of IL | MPPC3836 | \$2,500/\$5,000 | Yes | \$4,500/\$9,000 | 80%/60% | \$30/\$50/80% after Deduct | \$10/\$40/60 | \$1,638,514.92 | -4.20% |

PPO Enrollment includes: 126 - Employee; 7 - EE+Spouse; 5 - EE+Child(ren); and 14 - Family for a total enrolled of 152.

NORTH BOONE CUSD #200

STEP THERAPY

BC BS of IL: Required.

Current - All out-of-pocket prescription costs apply towards separate prescription out-of-pocket maximum of \$500 Single/\$1,500 Family.

Option - All out-of-pocket prescription costs apply towards separate prescription out-of-pocket maximum of \$1,000 Single/\$3,000 Family.

Prescription drug tiers: Tier 1 - Generic; Tier 2 - Preferred Brand; Tier 3 - Non-Preferred Brand; Tier 4 - Specialty.

CHIROPRACTIC CARE

BC BS of IL: Current Plan - In Network: Office Visit - \$50 copay; Benefits - 80% after deductible;
Annual Maximum - 25 visits.

MPPC3836 In Network: Office Visit - \$50 copay; Benefits - 80% after deductible; Annual Maximum - 30 visits.

VISION

BC BS of IL: Discounts on eye exams, prescription lenses, and eyewear available through EyeMed.

VIRTUAL VISITS

BC BS of IL: Benefits paid at PCP copay.

NORTH BOONE CUSD #200

Solvency & Compensation - Medical Carriers

| | Base Commission Level | Supplemental Compensation | Solvency Rating |
|-------|-----------------------|---------------------------|--------------------|
| BC BS | 3.5% Flat | \$0-\$12 PEPY | See Detail Below * |

Solvency & Compensation - Dental Carriers

| | Base Commission Level | Supplemental Compensation | Solvency Rating |
|--------------|-----------------------|---------------------------|--------------------|
| Delta Dental | 7.5% Flat | 0-25% renewal | See Detail Below * |

Solvency & Compensation - Life and Disability Carriers

| | Base Commission Level | Supplemental Compensation | Solvency Rating |
|-------------------|-----------------------|---------------------------|-----------------|
| Dearborn National | 15% Flat | 0% | A+ |

Solvency & Compensation - Vision Carriers

| | Base Commission Level | Supplemental Compensation | Solvency Rating |
|--------------|-----------------------|---------------------------|--------------------|
| Delta Dental | 10% Flat | 0-25% renewal | See Detail Below * |

* While GBS does not guarantee the financial viability of any health insurance carrier or market, it is an area we recommend that clients closely scrutinize when selecting a health insurance carrier or HMO. There are a number of rating agencies that can be referred to including, A.M. Best, Fitch, Moody's, Standard & Poor's, and Weiss Ratings (TheStreet.com). Generally, agencies that provide ratings of U.S. Health Insurers, including traditional insurance companies and other managed care (e.g., HMO) organizations, reflect their opinion based on a comprehensive quantitative and qualitative evaluation of a company's financial strength, operating performance and market profile. However, these ratings are not a warranty of an insurer's current or future ability to meet its contractual obligations.

**NORTH BOONE CUSD #200
Dental Benefit and Rate Comparison
July 1, 2018**

COINSURANCE

DEDUCT/ANNUAL MAX RUN
PLAN OR CALENDAR YEAR?

PREVENTIVE
DEDUCTIBLE?

BASIC
MAJOR
ORTHODONTIA
AGE LIMIT

DEDUCTIBLES

INDIVIDUAL
FAMILY

MAXIMUMS

CALENDAR YEAR
ORTHO LIFETIME

DETAILS

Preventive Exams/Cleanings
Non-Surgical Perio
Surgical Perio
Non-Surgical Endo
Surgical Endo

MONTHLY RATES

EMPLOYEE
EE + SPOUSE
EE + CHILD(REN)
FAMILY

| CURRENT / RENEWAL | | |
|--------------------------|----------------|-------------|
| Delta Dental of Illinois | | |
| PPO | Premier | Non-Network |
| | Calendar | |
| 100% | 100% | 90% |
| | Waived | |
| 80% | 80% | 70% |
| 50% | 50% | 40% |
| 50% | 50% | 50% |
| | To age 19 | |
| | \$50 | |
| | \$150 | |
| | \$1,200 | |
| | \$1,000 | |
| | Twice per Year | |
| | Basic | |
| | Major | |
| | Basic | |
| | Basic | |

of Lives

| | Current Rates | Renewal Rates |
|-----|---------------|----------------|
| 106 | \$28.67 | \$30.96 |
| 0 | \$89.93 | \$97.12 |
| 0 | \$89.93 | \$97.12 |
| 48 | \$89.93 | \$97.12 |

MONTHLY TOTAL

ANNUAL TOTAL

% DIFFERENCE TO CURRENT

RATE GUARANTEE

| | |
|-------------|-------------|
| \$7,355.66 | \$7,943.52 |
| \$88,267.92 | \$95,322.24 |

7.99%

1 Year

1 Year

**2nd year rate
cap 8%**

ACA fees are included in rates shown.

**NORTH BOONE CUSD #200
DENTAL**

Participation Requirement

Waiting Periods

| | | |
|---------------------------|--|-------------------|
| Delta Dental of IL | | Preventive - none |
| Child Age Limits: | Open Enrollment - Yes | Basic - none |
| To age 26 | Non-network dentists reimbursement is based on the lesser of the submitted fee or MPA. | Major - none |
| | | Ortho - none |



NORTH BOONE COMMUNITY SCHOOL DISTRICT #200

Delta Dental PPO Plan Highlights

Group #10010

Introduction

The Delta Dental PPO program allows you to go to any in- or out-of-network general or specialty dentist at the time of treatment. North Boone Community School District #200 dental enrollees have access to two networks, Delta Dental PPO and Delta Dental Premier managed fee-for-service. When you call your dentist's office to make an appointment, ask if your dentist participates in either Delta Dental PPO or Premier. Your out-of-pocket costs will vary depending on whether he/she participates in Delta Dental PPO, Premier or neither (i.e., "out-of-network"). **You will maximize your benefits by receiving care from a Delta Dental PPO network dentist.** There are 100,000 Delta Dental PPO and 176,000 Delta Dental Premier dentist locations nationwide.

Choosing Your Dentist

Under your Dental Plan, you may go to any in- or out-of-network general or specialty dentist. However, it is to your advantage to choose a Delta Dental PPO or Premier network dentist for the following reasons:

1) Payment to Delta Dental PPO dentists is based on pre-set, reduced fees; payment to Premier dentists is based on Delta Dental's maximum plan allowances (MPAs). In both networks, you only have to pay your copayment and deductible – *you are not responsible for charges exceeding the reduced PPO fee if you receive treatment from a Delta Dental PPO dentist or the MPA if you receive treatment from a Premier dentist.**

For example, if you need a crown, assume the Delta Dental PPO fee allowance is \$500 and the MPA is \$600. If your plan covers crowns at 50% and your dentist normally charges \$700, your out-of-pocket cost (excluding deductible) would be:

Delta Dental PPO Dentist - \$250

(50% of the \$500 PPO fee allowance)

Delta Dental Premier Dentist - \$300

(50% of the \$600 MPA)

Out-of-Network Dentist - \$460

(60% of the \$600 MPA plus \$100 difference between the MPA and the dentist's billed charge)

2) Because we reimburse Delta Dental PPO and Premier dentists directly, they agree to charge you no more than your copayment and deductible; in other words, *you do not have to pay the whole bill up-front and wait for reimbursement.*

3) Out-of-network dentists do not accept Delta Dental's MPAs as payment-in-full. If an out-of-network dentist's charge exceeds the MPA, you must pay the difference plus your copayment and deductible. At the dentist's discretion, *you may also have to pay the entire bill in advance.*

4) Claim forms will be completed and submitted at no charge. Out-of-network dentists may require you to complete forms yourself or to pay a service charge.

**If your Delta Dental PPO or Premier dentist inadvertently charges you for amounts payable by Delta Dental, please call our customer service department at 800-323-1743.*

Non-Covered Services

There are some limitations on the expenses for which the North Boone Community School District #200 Dental Plan pays. For further information, refer to your certificate of coverage or call our customer service department.

Finding a Network Dentist

To verify your dentist's participation status, simply ask him/her if he/she is a Delta Dental PPO or Delta Dental Premier network dentist, call our interactive voice response system, contact our customer service department or visit our Web site.

Visit Delta Dental of Illinois' Web site at

www.deltadentalil.com

The North Boone Community School District #200 Dental Plan utilizes the Delta Dental PPO and Delta Dental Premier networks. To locate a network dentist, click on Dentist Search in the Subscriber section.

You can search by:

- 1) City, state and ZIP code
- 2) Specialty
- 3) Dentist name (optional)

Summary of Benefits and Covered Services

Annual Maximum \$1,200/person

Annual Deductible \$50/person; \$150/family
(applies to Basic/Major only)

Lifetime Orthodontia Maximum \$1,000

| | <u>Delta Dental PPO Network</u> | <u>Delta Dental Premier Network</u> | <u>Out-of-Network</u> |
|--|--|---|---|
| Preventive/Diagnostic | 100% of reduced fee* (deductible doesn't apply) | 100% of MPA** (deductible doesn't apply) | 90% of MPA*** (deductible doesn't apply) |
| <ul style="list-style-type: none"> oral evaluations (two per benefit year) X-rays (bitewings – two per benefit year; full mouth - once every three years) prophylaxis (cleaning; two per benefit year) fluoride treatment (once per benefit year for children under age 19) space maintainers | | | |
| Basic | 80% of reduced fee* (deductible applies) | 80% of MPA** (deductible applies) | 70% of MPA*** (deductible applies) |
| <ul style="list-style-type: none"> fillings oral surgery non-surgical periodontics endodontics general anesthesia (in conjunction with oral surgery) sealants | | | |
| Major | 50% of reduced fee* (deductible applies) | 50% of MPA** (deductible applies) | 40% of MPA*** (deductible applies) |
| <ul style="list-style-type: none"> crowns, jackets, cast restorations fixed/removable bridges partial/full dentures surgical periodontics | | | |
| Orthodontia | 50% | 50% | 50% |
| <ul style="list-style-type: none"> for dependent children under age 19 | | | |

*You will not be "balance billed" for charges exceeding Delta Dental's allowed PPO fees

**You will not be "balance billed" for charges exceeding Delta Dental's maximum plan allowances (MPAs)

***You are responsible for charges exceeding Delta Dental's maximum plan allowances (MPAs)

The preceding information is a brief summary of the North Boone Community School District #200 Dental Plan and the services it covers. If you have specific questions regarding benefit coverage, limitations or exclusions, contact Delta Dental at 800-323-1743.

Note: Delta Dental imposes no restrictions on the method of diagnosis or treatment by a treating dentist. A benefit determination relates only to the level of payment that your group dental plan is required to make.

NORTH BOONE CUSD #200

Vision Benefit and Rate Comparison

July 1, 2018

| | | CURRENT / RENEWAL | |
|------------------------|-------------------------|------------------------------------|-----------------------|
| | | DeltaVision (Delta Dental) | |
| NETWORK | | In Network | Out of Network |
| | | Access Network | |
| | | Frequency | |
| | | 12 MONTHS | |
| EXAM | EXAM | \$0 | Up to \$35 Allowance |
| | | 12 MONTHS | |
| LENSES | | | |
| | Single Lenses | \$0 | Up to \$25 Allowance |
| | Bifocal Lenses | \$0 | Up to \$40 Allowance |
| | Trifocal Lenses | \$0 | Up to \$55 Allowance |
| | Lenticular Lenses | N/A | N/A |
| | Progressive | | |
| | Standard | \$65 | N/A |
| | Premium | N/A | N/A |
| | | 24 MONTHS | |
| | FRAME | | |
| | Coverage | \$130 Allowance - 20% off balance | Up to \$50 Allowance |
| | | 12 MONTHS | |
| CONTACT LENSES | | | |
| | Medically Necessary | Covered in Full | Up to \$200 Allowance |
| | Disposable | \$100 Allowance | Up to \$64 Allowance |
| | Elective (Conventional) | \$100 Allowance - 15% off balance | Up to \$64 Allowance |
| | | <i>Contacts in lieu of glasses</i> | |
| | | RATES | |
| | | Current | Renewal |
| EMPLOYEE | 102 | \$7.93 | \$7.93 |
| EE + SPOUSE | 0 | \$22.19 | \$22.19 |
| EE + CHILD(REN) | 0 | \$22.19 | \$22.19 |
| FAMILY | 40 | \$22.19 | \$22.19 |
| 142 | | | |
| | Monthly Premium | \$1,696.46 | \$1,696.46 |
| | Annual Premium | \$20,357.52 | \$20,357.52 |
| | % Difference to Current | 0% | |
| RATE GUARANTEE | | 1 Year | |

ACA Monthly Fees included in rates shown.

NORTH BOONE COMMUNITY UNIT SCHOOL DISTRICT #200

DeltaVision® Complete Vision Program Highlights – Access Network

Introduction

DeltaVision® is provided by ProTec Insurance Company, a wholly-owned subsidiary of Delta Dental of Illinois, in association with EyeMed Vision Care networks. DeltaVision offers members vision care benefits that combine choice, value and wellness. Your DeltaVision program provides vision care insurance to you (and your family, if applicable) according to the following information. Active, full-time employees are eligible for coverage.

| Vision Care Services | Access-Network Member Cost | Out-of-Network Allowance |
|--|--|--------------------------|
| Exam with Dilation as Necessary: | \$0 Copay | \$35 |
| Contact Lens Fit & Follow-up: (Available once a comprehensive eye exam has been completed) | | |
| Standard* | \$0 Copay, Paid-in-full fit and two follow-up visits | \$40 |
| Premium** | \$0 Copay, 10% off retail price, then apply \$55 allowance | \$40 |
| Frames: (Any available frame at provider location) | \$130 allowance, 20% off balance over allowance | \$50 |
| Standard Plastic Lenses: | | |
| Single Vision | \$0 Copay | \$25 |
| Bifocal | \$0 Copay | \$40 |
| Trifocal | \$0 Copay | \$55 |
| Lens Options: | | |
| UV Coating | \$15 | N/A |
| Tint (Solid and Gradient) | \$15 | N/A |
| Standard Scratch-Resistance | \$15 | N/A |
| Standard Polycarbonate | \$40 | N/A |
| Standard Progressive (Add-on to Bifocal) | \$65 | N/A |
| Standard Anti-Reflective Coating | \$45 | N/A |
| Other Add-Ons and Services | 20% discount off retail price | N/A |
| Contact Lenses: (Contact lens allowance covers materials only) | | |
| Conventional | \$0 Copay, \$100 allowance, 15% off balance over allowance | \$64 |
| Disposable | \$0 Copay, \$100 allowance, plus balance over allowance | \$64 |
| Visually Required | \$0 Copay, Paid-in-Full | \$200 |
| Frequency: | | |
| Examination | Once every 12 months | |
| Lenses or Contact Lenses | Once every 12 months | |
| Frames | Once every 24 months | |

*Standard Contact Lens Fitting - spherical clear contact lenses in conventional wear and planned replacement
(Examples include, but are not limited to, disposable and frequent replacement)

**Premium Contact Lens Fitting - all lens designs, materials and specialty fittings, other than Standard Contact Lenses
(Examples include toric and multifocal)

Additional Discounts

Member will receive a 20% discount at in-network providers on items not covered by the program. This discount may not be combined with any other discounts or promotional offers and the discount does not apply to contact lenses or an in-network provider's professional services. Retail prices may vary by location.

Members also receive a 40% discount off complete pair eyeglass purchases and a 15% discount off conventional contact lenses at in-network providers 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.deltadentalil.com/deltavision. The contact lens benefit allowance is not applicable to this service.

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

General Information

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 an in-network provider.

We offer two easy ways to locate an in-network provider 7 days a week, 24 hours a day. You can either:

- ◆ search our online Provider directory at www.deltadentalil.com/deltavision; or
- ◆ use the automated phone system by calling 1-866-723-0513

Using Your Vision Program

1. Have your DeltaVision information card available when scheduling and visiting an in-network provider. An in-network provider participates in the EyeMed Vision Care Provider network. **It's very important that you know which network your benefit plan utilizes because providers may not be participating under both networks (Select and Access).** You will only receive in-network benefits from the network your benefit plan utilizes. Please note: the network provider will need the primary enrollee's name and date of birth to verify eligibility.
2. 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 present your card to an in-network provider.
3. If you select a provider who is not in the network, you do not receive preferred pricing and you may be asked to provide full payment to your out-of-network provider at the time of service. 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
ProTec Insurance Company
c/o EyeMed Vision Care
Attn: Claims Processing
P.O. Box 8504
Mason, OH 45040-7111

DeltaVision is administered by



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 Policy, 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 programs.

Benefit allowances provide no remaining balance for future use within the 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 program;
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 20% discount);
7. Two pair of glasses in lieu of bifocals.

The preceding information is a brief summary of the NORTH BOONE COMMUNITY UNIT SCHOOL DISTRICT #200 Complete Vision Program and the services it covers.

If you have specific questions regarding benefit coverage, limitations or exclusions, contact our customer service department at 1-866-723-0513.



DeltaVision® is provided by ProTec Insurance Company, a wholly-owned subsidiary of Delta Dental of Illinois, in association with EyeMed

Vision Care networks.

111 Shuman Blvd
Naperville, IL 60563
800-335-8215

www.deltadentalil.com/deltavision