



DeltaVision®

In partnership with VSP® Vision Care

Dental and Vision Insurance for Brown University Retirees

2024-2025



Take control of your health with our dental and vision insurance.

At Delta Dental of Rhode Island, we understand the importance of not only maintaining oral health, but your overall health and well-being, and that includes taking care of your vision. As a Brown University Retiree, you can sign up for both dental and vision insurance from the name you trust, Delta Dental. When you enroll in both dental and vision insurance with Delta Dental, you'll receive:

- One **ID card** for dental and vision plans
- Access to the **largest national network** of dentists and independent eye doctors
- **Customer service representatives** available Monday through Friday from 8 a.m. – 5 p.m. (ET)

Dental benefit rates

Rates	\$57.89 per month
Annual maximum	\$1,750 per person, per calendar year
Annual deductible	None
Maximum lifetime cap	Unlimited
Calendar year	January 1 to December 31

Rates listed above are guaranteed through 12/31/2025.

Payment is based on the Delta Dental allowance for each procedure. To be covered, services must be dentally necessary and in accordance with Delta Dental's treatment guidelines. All services must be performed in a dental office.

PREVENTIVE & DIAGNOSTIC	IN-NETWORK COVERAGE
One oral exam per calendar year	100%
Two cleanings per calendar year	100%
One set of bitewing X-rays per calendar year	100%
One complete X-ray series or panoramic film every 60 months	100%
Single X-rays as required	100%
RESTORATIVE	
Amalgam (silver) fillings. Composite (white) fillings	80%
Recementing crowns or bridges once every 60 months	80%
Repairs to existing partial or complete dentures, once per calendar year	50%
Rebasing or relining of partial or complete dentures once every 60 months	50%
Crowns over natural teeth, build ups, posts and cores; replacement limited to once every 60 months	50%
ENDODONTICS	
Root canal therapy	80%
PERIODONTICS	
Periodontal maintenance following active therapy, two per year	80%
Root planing and scaling, once per quadrant every 24 months	80%
Osseous (bone) surgery once per quadrant every 36 months	50%
Gingivectomies once per site every 36 months	50%
Soft tissue grafts once per site every 60 months	50%
Crown lengthening once per site every 60 months	50%
Guided tissue regeneration and bone replacement graft once per site every 24 months	50%
PROSTHODONTICS	
Bridges; replacement limited to once every 60 months	50%
Partial and complete dentures; replacement limited to once every 60 months	50%
Surgical placement of endosteal implant, abutment and crown once per tooth site per lifetime	50%
EXTRACTIONS & ORAL SURGERY	
Extractions and other routine oral surgery when not covered by a patient's medical plan	80%
OTHER SERVICES	
Palliative treatment (minor procedures necessary to relieve acute pain) twice per calendar year	80%
General anesthesia or intravenous (I.V.) sedation for certain complex surgical procedures	80%
Occlusal guards once every 36 months	50%



Join Today

You and your spouse are eligible to join the program as individual members if you were insured under the Brown University Dental Plan on your last day of employment.

When can I enroll?

You may enroll in the Brown University Retiree Dental Program within the first 60 days of your retirement.

Signing up is easy!

Simply return the enclosed enrollment form to: Delta Dental of Rhode Island, P.O. Box 1517, Providence, RI 02901-1517

You can elect to have your premiums deducted directly from your checking or savings account, or you can pay by credit card.

Questions?

If you have any questions about our dental or vision plan, contact our customer service team at **1-800-843-3582** or your organization representative.

NOTICE OF NONDISCRIMINATION AND ACCESSIBILITY POLICY: Delta Dental of Rhode Island does not discriminate on the basis of race, color, national origin, age, disability, or sex. Español (Spanish): ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-843-3582. Português (Portuguese): ATENÇÃO: Se fala português, encontramse disponíveis serviços linguísticos, grátis. Ligue para 1-800-843-3582.

Delta Dental of Rhode Island
P. O. Box 1517, Providence, RI 02901-1517

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vision care

Another reason to smile

Delta Dental has partnered with VSP® Vision Care, the largest vision benefits company in the U.S., to bring you DeltaVision® - an affordable, comprehensive vision plan with features that go beyond standard eye care.

Vision benefit rates

The DeltaVision® 150 Plus plan offers low monthly rates for Brown University retirees and their spouses.

Individual	\$6.50 per month
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Rate listed above are guaranteed through 12/31/2025.

See the savings with DeltaVision - 150 Plus

Vision insurance is a great way to save BIG on the eye care and eyewear you need. **For only \$6.50 per month for an individual plan, the savings really stack up!**

Annual Vision Care Services	Without DeltaVision Coverage	With DeltaVision Coverage
Eye Exam	\$184	\$10
Frame	\$150	\$25
Bifocal Lenses	\$158	
Custom Progressive Lenses	\$255	\$175
Antiglare Coating	\$148	\$85
Total	\$895	\$295

YOUR AVERAGE ANNUAL SAVINGS IS \$600

Source: VSP Vision Care. Based on the national average for eye exams and most commonly purchased eyewear brands.

BENEFIT	
In-Network Coverage with VSP Choice Network: 45,000 Preferred Providers 117,000 Access Points	
WELLVISION EXAM®	
Exams - 1 exam every 12 months	Copay
• Comprehensive eye exam to ensure overall visual wellness	\$10
PRESCRIPTION GLASSES	
Frames - 1 pair every 12 months	Copay
• \$150 allowance for wide selection of frames • Allowance may differ at Costco® Optical, however it is of equivalent value. Costco® Optical allowance of \$80 is equivalent to \$150 frame allowance at VSP doctor locations and participating retail chains	\$25
Lenses - 1 pair every 12 months	
• Single vision, lined bifocal, lined trifocal, and lenticular lenses	
Covered Lens Enhancements	\$0
• Impact-resistant lenses for children • Standard Progressive Lenses	
Contacts (instead of glasses) - Every 12 months	Copay
• \$150 allowance for contacts	\$0
• Contact lens fitting and evaluation	Up to \$60

LARGEST NETWORK OF INDEPENDENT PROVIDERS

vsp
vision care

POPULAR RETAILERS SUCH AS:

PEARLE OPTICAL
Visionworks
Walmart
COSTCO OPTICAL

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For the full benefits summary, send an email request to info@deltadentalri.com.