

Thank you for this opportunity to continue our relationship with Quick Supply Company. You made the right choice for your employees' vision health.

Below is a summary of your savings and your employees' utilization with your DeltaVision plan. Enclosed you will find supporting information for your renewal.

▶ YOUR GREATEST SAVINGS

With your DeltaVision plan, your employees have access to the largest network of vision care providers. That means they have the flexibility to get their vision care and materials from a variety of independent and retail locations.

- + 96.43% of your employees go to a network provider.
- + You and your employees saved \$46,210.
- + Your DeltaVision plan uses the EyeMed Vision Care INSIGHT network that includes Walmart® Vision Centers and Sam's Club™ Optical Centers.

▶ A VISION YOU CAN SEE

You and your employees deserve to work with a company that you can trust.

- + In-house vision expertise (including an optometrist) provides science-based consultation on custom plan designs to make sure your employees get the coverage they need.
- + Best-in-class service backed by data and experience to provide you peace of mind.
- + Focus on prevention to improve your teams' overall health and wellness.

▶ MOVING FORWARD TOGETHER

Delta Dental of Iowa values our partnership as the vision carrier for Quick Supply Company and we look forward to continuing this relationship.

Your employees are your most valuable asset, thank you for allowing us to help you protect them.

YOUR SAVINGS

\$46,210

Your savings with DeltaVision

**80.25% or
\$23.33 PEPM***

Your discount with DeltaVision

\$2.39

Claims paid PMPM**

YOUR VISION EXPERT

96.43%

of employees go to a network provider.

98.00%

of employees have access to one DeltaVision provider within 20 miles.

OUR EXPERIENCE



1.6 Million
members in Iowa



4,500+
businesses in Iowa



97% members see an in-network provider

60+ years of improving the health & smiles of our customers 

* Per employee per month

** Per member per month



Quick Supply Company
Group Number: 43140
Network: INSIGHT
Contract Period: 9/1/24 to 8/31/28
Year two of four year rate guarantee

Employee Enrollment	Current	Previous
Single	95	
Employee / Spouse	48	
Employee / Child	27	
Family	78	
Total	248	

Your Savings

Claims Period : 5/1/24 to 4/30/25



Members saved a total of

\$46,210

For a total of

80.25 %

off of the Retail Amount

Projected Annual Expense

	Current Rates Effective: 9/1/24 to 8/31/25	Renewal Rates Effective: 9/1/25 to 8/31/28	Contribution Amount
Single	\$5.30	\$5.30	
Employee / Spouse	\$10.12	\$10.12	
Employee / Child	\$11.46	\$11.46	
Family	\$15.16	\$15.16	

Insured rates include 10.00% broker commission.



Signature

I acknowledge acceptance of this renewal at the rates shown above. Please provide contribution amounts above.

Total Employees Eligible: _____

Name: _____

Email Address: _____

X _____

Signature Date

Vision Care Services	In-Network Member Cost	Out-of-Network Reimbursement
Exam (Once every calendar year)	\$10 Copay	Up to \$35
Dilation, Eye Exam Refraction	\$0 Copay	N/A
Frames (Once every two calendar years)	80% of balance over \$130	Up to \$65
Lens (Once every calendar year in lieu of contact lenses)		
Single Vision / Bi-Focal / Tri-Focal / Lenticular	\$25 / \$25 / \$25 / \$25 Copay	Up to \$25 / \$40 / \$55 / \$55
Standard Progressive Lens	\$90 Copay	Up to \$40
Premium Progressive Lens		
-Tier 1 / Tier 2 / Tier 3	\$110 / \$120 / \$135 Copay	Up to \$40
-Tier 4	\$90 Copay, plus 80% of charge less \$120	Up to \$40
Other Lens Type	80% of charge	N/A
Lens Options		
Standard Polycarbonate	\$40 Copay	N/A
Standard Plastic Scratch Coating	\$15 Copay	N/A
Tint (Solid and Gradient)	\$15 Copay	N/A
UV Treatment	\$15 Copay	N/A
Standard Anti-reflective (a/r) Coating	\$45 Copay	N/A
Photochromatic/Transitions	\$75 Copay	N/A
Other Lens Options	80% of charge	N/A
Premium Anti-reflective (a/r) Coating		
-Tier 1 / Tier 2	\$57 / \$68 Copay	N/A
-Tier 3	80% of retail	N/A
Contact Lenses (Once every calendar year in lieu of lenses)		
Conventional	85% of balance over \$130	Up to \$104
Disposable	Balance over \$130	Up to \$104
Medically Necessary	\$0 Copay	Up to \$200
Contact Lens Fit & Follow-up Exam		
Standard	Up to \$40	N/A
Premium	10% off retail price	N/A

ADDITIONAL VISION BENEFITS



40% OFF

additional pairs of glasses



20% OFF

any items not covered by the plan, including non-prescription sunglasses



15% OFF

retail price or 5% off promotional price for LASIK or PRK from US Laser Network

DeltaVision is underwritten by Veratrus Benefit Solutions, Inc., a wholly-owned subsidiary of Delta Dental of Iowa, utilizing the EyeMed Vision Care network.