

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 replace 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