



DeltaVision®

Group Vision Application – MISSOURI
GROUP ID MO06250330

Group Sponsor Name: Ortho Solutions, LLC dba DynaFlex

Phone: 800-489-4020 x1331

Address: 8050 Hawk Ridge Trail

City: Lake St. Louis State: MO Zip: 63367

TERMS

A check for the first month's premium and other applicable fees is **NOT REQUIRED** to begin processing.

Effective Date of Benefits: 06 / 01 / 2025 Renewal Date of Benefits: 06 / 01 / 2027

Contract Term: 24 Months

Group Sponsor elects to offer the following coverage to its employees:

DELTAVISION INSURANCE – DSP 130 Calendar Year Plan

Copays \$ 10 / \$ 25 ; Frequencies 12 / 12 / 12

Contacts & Lenses available in same Benefit Period? Yes No

Benefits Notes: _____

Initial Monthly Premium Rate VOLUNTARY or GROUP SPONSOR PAID:

Member Only	\$ <u>4.63</u>
Member PLUS Spouse	\$ <u>9.80</u>
Member PLUS One	\$ _____
Member PLUS Child(ren)	\$ <u>10.48</u>
Member PLUS Family	\$ <u>16.86</u>

Participation: Depending on group size and coverage elected, specific participation requirements (minimum 2 enrolled Voluntary) will apply. Participation must be met before the insurance can be effective and must be maintained continuously while insurance is in force to prevent cancellation of coverage.

Under ERISA (Employee Retirement Income Security Act of 1974), it is required that there be a named fiduciary for each employee benefit plan. It is understood that the undersigned Group Sponsor is the named fiduciary for each employee benefit plan. Group Sponsor hereby certifies that the information provided herein is true and complete to the best of its knowledge and that Group Sponsor has read and understands this form.

The information contained herein describes the essential provisions of the elected coverage(s) selected by Group Sponsor. By signing this form, both parties agree that these are the essential provisions of the coverage Group Sponsor is purchasing and that the "Membership Agreement" between the parties consists of the Master Policy, Member Certificate (including any riders or attachments), this Group Vision Application, and the Member Enrollment Forms, all of which are incorporated herein by reference. Except as otherwise provided in the Membership Agreement documents, this form and those documents may be changed by the mutual written agreement of the parties.

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 claims 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.



DeltaVision*

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION TO OBTAIN INSURANCE IS GUILTY, OR MAY BE GUILTY, OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

Signature of Authorized Representative of Group Sponsor: Mellisa Kennedy Date: 5/9/2025
Printed Name: Mellisa Kennedy Title: Director of HR

Signature of Representative of Advantica Insurance Company: Michelle Swehla Date: 05/12/2025
Printed Name: Michelle Swehla Title: Sales Account Executive

Advantica Insurance Company: P.O. Box 8510, St. Louis, MO 63126-0510



DELTAVISION

Dynamic Select Plus 130 Vision Plan

Master Policy

Underwriter: *Advantica Insurance Company
12399 Gravois Road
St. Louis, MO 63127*

Administrator: *Delta Dental of Missouri
12399 Gravois Road
St. Louis, MO 63127*

*First American Administrator, Inc.
4000 Luxottica Place
Mason, OH 45040*

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DeltaVision Master Policy

Advantica Insurance Company (Company) hereby certifies that this Master Policy has been issued to the Group Sponsor designated below and, in return for the attached Group Vision Application and payment of premiums when due, Company will provide the Vision Care coverage as described in the Membership Agreement, which consists of this Master Policy (including any riders or attachments), the Group Vision Application, the Member Certificate (including any riders or attachments), and the Member Enrollment Forms, subject to the terms and conditions thereof.

GROUP SPONSOR:	Ortho Solutions, LLC dba DynaFlex
GROUP ID:	MO06250330
EFFECTIVE DATE:	June 1, 2025
RENEWAL DATE:	June 1, 2027
INITIAL TERM:	twenty four (24) Months
PREMIUM DUE DATE:	First of the Month
COVERAGE PROVIDED:	See Schedule of Benefits attached to Member Certificate

Company has caused this Master Policy to be duly executed and effective as of the effective date and effective time set forth above.

ADVANTICA INSURANCE COMPANY

BY



President

Section I - Additional Definitions

A. Definitions.

In addition to the terms defined in the Member Certificate, the following term has the meaning set forth below.

“Active Employee” means an employee of the employer named as the Group Sponsor, which employee is at active work, as set forth in the Group Information Schedule attached to the Member Certificate.

B. Coverage Continuation for Active Employee and Maximum Continuation Period.

For Active Employees absent from work, coverage may be continued provided that if an Active Employee is absent from work because of injury, sickness, approved leave of absence or temporary lay-off, or is placed on part-time employment, the Group Sponsor, acting on a basis which does not discriminate for or against any person, may consider the Active Employee as still employed until the Group Sponsor notifies Company differently or stops paying premiums for the Active Employee. However, in no event may coverage be continued for longer than the maximum continuation period set forth below.

For temporary lay-offs, approved leaves of absence and part-time employment, the maximum continuation period for coverage is 1 year. For injury or sickness, the maximum continuation periods for coverage are one-year periods, each of which begins on the Renewal Date of this Master Policy, subject to the following conditions: (1) the first period begins on the date the Active Employee stops active work due to injury or sickness and ends on the next following Renewal Date of this Master Policy (up to six (6) months); and (2) the request to continue coverage must be made by the Group Sponsor to Company within thirty-one (31) days before each Renewal Date.

Section II - Premiums

A. Initial Premiums.

Minimum Number of Required Covered Persons: 2

The Initial Premiums are guaranteed from **June 1, 2025 to June 1, 2027.**

The initial premium information is set forth in the attached Group Vision Application.

B. Adjustments.

Company reserves right to the change the premium rates if the number of Covered Persons falls below the minimum number required above. Company reserves the right to change the premium rates on any Premium Due Date after the Initial Term. After the Initial Term, Company may not increase the premium rates more than once in any six (6) month period. Company will notify the Group Sponsor in writing at least forty-five (45) days before any change in premium rates. Notwithstanding the foregoing, Company may change the premium rates at any time if the change is a result of a change in benefits required by state or federal law or any change in the interpretation of state or federal law.

The premiums will be adjusted when additional or increased coverage begins or coverage ends and such change is due to a change in the terms of this Master Policy; any such adjustment in the premium will be made as of the date the change is effective. Otherwise, any adjustment in premium will be made on the Premium Due Date which occurs on or next follows the date of change (or the first day of the calendar month which occurs on or next follows the date of change if premiums are payable other than monthly).

C. Payment of Premiums.

The total premium for coverage under this Master Policy is the sum of the premiums for each Covered Person. The premiums due under this Master Policy are payable for the current month billed directly to Company at the address listed on the invoice, or such other address designated in writing by the Company. The initial premium is due on the Effective Date of this Master Policy. Subsequent premiums are due on the Premium Due Date shown on the second page of this Master Policy. The payment of any premium will not maintain the coverage in force beyond the day next following the Premium Due Date, except as provided under the GRACE PERIOD provision. The mode of premium payment may be changed as of any Premium Due Date upon agreement between the Group Sponsor and Company.

D. Grace Period.

Group Sponsor has a Grace Period of thirty-one (31) days (without interest charge) for the payment of any premium due after the initial premium. This Master Policy will continue in effect during this grace period unless the Group Sponsor has given written notice to Company that the coverage under this Master Policy is to be terminated on the first day before the Grace Period would otherwise start. If the premium is not paid by the end of the Grace Period, all coverage under this Master Policy will end on the last day of the Grace Period. The Group Sponsor will owe Company all premiums then due and unpaid including the premium for the Grace Period.

If the Group Sponsor gives Company written notice that coverage under this Master Policy is to be terminated during the Grace Period, all coverage will end on the date Company receives the written notice or the date specified, if later. The Group Sponsor will owe Company prorated premium for the time the coverage was in effect during the Grace Period.

Section III - General Provisions

A. Member Certificates.

Company will issue to the Group Sponsor, to make available to each Covered Person, a Member Certificate that describes the benefits, limitations, exclusions, terms, conditions and other features of this Master Policy. Company may make the Member Certificate available electronically.

B. Entire Membership Agreement.

The entire Membership Agreement consists of (1) this Master Policy (including any riders or attachments); (2) the Group Vision Application; (3) the Member Certificate (including any riders or attachments); and (4) the Member Enrollment Forms. The Group Sponsor's Group Vision Application is attached to this Master Policy on the date it is signed. All statements made in the Group Vision Application, in the absence of fraud, are representations and not warranties. No statement made by a Covered Person under this Master Policy will be used to void coverage or deny a Claim unless a copy of the statement is or has been given to that Covered Person. Neither the Group Sponsor nor this Master Policy is entitled to share in the surplus earnings of Company.

C. Master Policy Changes.

The provisions of this Master Policy may be changed only by written agreement between the Group Sponsor and Company. For Company, only the President or Secretary of Company are authorized to agree to a change to this Master Policy. Neither the consent of, nor notice to, any Covered Person is required for any change to this Master Policy. Accordingly, any changes to this Master Policy will be made without the consent of, or notice to, any Covered Person. No agent has authority to enter into or issue this Master Policy on behalf of Company or to change, alter or amend any of its terms or provisions in any way. In no event will the Group Sponsor be considered Company's agent for any purpose under this Master Policy.

Upon Company's acceptance of a Member Enrollment Form, the following individuals may be added as additional Covered Persons under this Master Policy: (1) all new persons becoming eligible to and applying for Group coverage through this Master Policy, including new members of a family; and (2) any persons required to be provided Group coverage under federal law who apply for coverage through this Master Policy.

D. Governing Law; Conformity with Law; Contestability.

This Master Policy, and Membership Agreement of which it is a part, are issued for delivery in the State of Missouri, for performance by Company and Group Sponsor in the State of Missouri, and to a Group Sponsor located in the State of Missouri. This Master Policy, and Membership Agreement of which it is a part, will be governed by the laws of the State of Missouri and any applicable federal laws. If any provision of this Master Policy is contrary to Missouri law, such provision is hereby amended to conform to Missouri law. After this Master Policy has been in force for two (2) years, this Master Policy will be incontestable, except for non-payment of premium.

E. Group Sponsor Information.

The Group Sponsor will furnish Company with all information requested by Company which pertains to this Master Policy. If the Group Sponsor fails to furnish Company with any requested information without good and sufficient cause, then Company may terminate this Master Policy. Upon request, Company may inspect at all reasonable times (while this Master Policy is in effect and thereafter until all rights and payments have been made) any and all records of the Group Sponsor which pertain to the coverage provided under this Master Policy or premiums paid or due hereunder.

F. Clerical Error.

Any clerical error, whether by Company or the Group Sponsor, in keeping records having to do with this Master Policy, or delays in making entries on the records, will not void the coverage of any person if that coverage would otherwise have been in effect. Any such clerical error will not extend the coverage of any person if that coverage would otherwise have terminated or been reduced as provided by this Master Policy. When a clerical error is found, premiums and benefits will be adjusted based on the true facts and this Master Policy.

G. Assignment.

This Master Policy may not be assigned, and is not binding upon Company, unless Company consents to the assignment in writing and not until notice of the assignment is given to and consented to by Company.

H. Legal Action.

No legal action may be brought to recover on the Master Policy before sixty (60) days after written proof of loss has been furnished as required by the Master Policy. No such action may be brought after three (3) years from the time written proof of loss is required to be furnished.

Section IV - Nonrenewal or Termination

A. Nonrenewal.

After the Initial Term, the Master Policy shall continue on an annual basis and automatically renew on the first day of each renewal period unless Company or the Group Sponsor gives to the other at least sixty (60) days' advance written notice of cancellation or nonrenewal.

B. Mutual Termination.

Group Sponsor and Company may mutually agree to terminate this Master Policy and all coverage (or any portion) provided hereunder on any date agreed to by the Group Sponsor and Company.

C. Company Termination.

Company may terminate the coverage provided under this Master Policy by giving the Group Sponsor at least sixty (60) days' prior written notice as follows:

- (1) Company may terminate coverage provided hereunder (and this Master Policy) at the end of the Initial Term or on any Premium Due Date after participation drops below the following requirements:
 - (a) for a Group in which Members are not required to contribute to the cost of their own coverage, there must be 100% participation;
 - (b) for a Group of 2-9 Members, a minimum of 2 Members must enroll in all circumstances;
 - (c) for a Group of 10 or more in which benefits are funded by the Members, 20% participation is required in all circumstances; and
 - (d) participation must not drop 25% or more from the participation on the original Master Policy Effective Date;
- (2) Company may terminate all the coverage provided hereunder (and this Master Policy) if the Group Sponsor is no longer located in a state in which Company is authorized to conduct the business of insurance or utilize this Master Policy; or
- (3) Company may terminate all the coverage provided hereunder (and this Master Policy) if the Group Sponsor fails to comply with the provisions of this Master Policy, performs an act or practice that constitutes fraud, or has made an intentional misrepresentation of fact under the terms of coverage.

If the Company ceases to offer this particular type of coverage, or all coverage, Company may terminate all coverage provided hereunder (and this Master Policy) by giving Group Sponsor advance written notice, which notice must comply with the requirements of applicable law, if any.

D. Group Sponsor Termination.

Group Sponsor may terminate the coverage provided under this Master Policy by giving Company at least thirty-one (31) days' prior written notice.

E. No Notice Required.

The consent of, or notice to, any Covered Persons is not required to terminate the coverage provided under this Master Policy or to terminate this Master Policy. The coverage provided under this Master Policy will terminate as provided above without the consent of, or notice to, any Covered Person.