



**DENTAL AND VISION INSURANCE
FOR INDIVIDUALS AND FAMILIES**

PLANS AND RATES EFFECTIVE JANUARY 1, 2020



Take control of your total health with the right dental and vision insurance.

The mouth and eyes are important parts of your body and your health. They can show early warning signs of disease — so regular dental and vision checkups help you stay healthy. That's why taking care of your total health requires not just medical insurance, but also dental and vision plans.



Almost **40% of Americans** age 18-64 **DO NOT** receive regular oral care.¹



90% of the body's diseases show signs & symptoms in the mouth.²



People are **3 times** more likely to see an eye doctor versus a medical doctor.³



Eye exams can be an early detection tool for:

- Diabetes
- Glaucoma
- Hypertension
- Macular degeneration

It's important to take charge of your health. When you get your mouth and eyes checked every year, you're helping your whole body stay well.



When you're selecting a dental insurance plan, focus on choice, care, savings and convenience.



Choice

Delta Dental offers access to the largest dental network in Arkansas with **more than 94% of dentists in our PPO and Premier networks**, plus one of the largest networks in the country.⁴

Our Arkansas network

Over 1,100 dentists and specialists with more than 2,100 locations.⁴

The Delta Dental national network

148,000 dentists and specialists in all 50 states at 315,000 locations — and growing.⁴



Care

All Delta Dental plans offer:

- 100% in-network coverage for exams, cleanings and X-rays, 2 times per year for every member
- Sealants and fluoride treatments
- Coverage for basic services (fillings)
- Composite (tooth-colored) fillings
- Coverage for major services (crowns, root canals, dentures, bridges, partials, implants, tooth removal, gum disease treatment)
- Coverage for dependents up to 26 years old



Savings

Not only do our networks provide great choices, they also provide discounts.



On average, we save our members 23% on covered dental services.⁴



Convenience

Having your dental (and vision) insurance with one company as advantages, including:

- One ID card for dental (and vision) plans
- Online member toolkit and mobile app
 - Find a dentist
 - Schedule appointments (mobile app only)
 - Get cost estimates on dental services
 - Review benefits and claims
 - Oral health risk assessment
- Customer service reps available 7 am - 7 pm (CT)



DeltaVision is a smart, affordable way to keep an eye on your vision — and on your health.

It is estimated that more than half of all Americans need vision correction^A. Without corrective eyewear, you cannot see life to the fullest. Your DeltaVision benefits make it easier to afford regular eye exams as well as prescribed vision correction.

Through our partnership with Superior Vision, DeltaVision members have access to a nationwide network of easy-to-find eye care providers.



More Eye Care Providers

More than 60,000 eye care providers nationwide. To find an eye care provider in the Superior National Network, visit deltadentalar.com.



More Options

Members can get eye exams at one place and buy eyewear at another for greater selection.



More Freedom

There are no restrictions on eyeglass frames or contact lenses. Members can apply their allowance toward any brand or lens type.

In-network national optical retailers include but are not limited to:

Walmart
Vision Center

Sam's Club
Optical

JCPenney | optical

Plus, online in-network options

contactsdirect

DENTAL PLAN BENEFITS



DIAGNOSTIC AND PREVENTIVE SERVICES

Cleanings, exams and X-rays

100% covered
(all plans / in-network)



NO WAITING PERIODS

	Delta 500	Delta 1000	Delta 1300
Delta Dental networks	Delta Dental PPO + Premier		
Deductible (per person/all services)	\$50	\$50	\$50
Annual maximum (per person)	\$500	\$1,000	\$1,300
Annual Carryover (per person)	Not available	\$250	\$325
BASIC SERVICES (6-MONTH WAITING PERIOD)			
Fillings	60%	80%	80%
MAJOR SERVICES (6-MONTH WAITING PERIOD)			
Periodontics (scaling, root planing, periodontal surgery)	60%	50%	80%
Endodontics (root canals)	60%	50%	80%
Oral surgery (tooth removal)	60%	50%	80%
Prosthodontics (crowns, dentures & bridges)	Not covered	50%	50%
ORTHODONTIC SERVICES* (12-MONTH WAITING PERIOD & \$1,000 LIFETIME MAXIMUM)			
Braces and retainers	Not covered	Not covered	50%

*Orthodontic services are available only for dependent children age 18 and younger.

The benefit allowance for services of an out-of-network dentist will be reduced by 10 percent for eligible services as determined by Delta Dental of Arkansas.

DELTA VISION PLAN BENEFITS

IN-NETWORK COPAYMENTS		BENEFIT	FREQUENCY
Eye Exam	\$10	Eye Exam	Every 12 months
Frames and/or Lenses ⁵ (no copay for contacts)	\$25	Lenses	Every 12 months
Contact Lens Fitting Exam ⁶	\$25	Frames	Every 24 months
		Contact Lens Fitting Exam	Every 12 months
		Contact Lenses	Every 12 months

		IN-NETWORK BENEFITS	OUT-OF-NETWORK REIMBURSEMENTS
Eye Exam (subject to copay)		Covered in full	\$36
Standard Lenses Per Pair (subject to copay)	Single Vision	Covered in full	\$28
	Bifocal	Covered in full	\$42
	Trifocal	Covered in full	\$56
	Lenticular	Covered in full	\$78
Progressive Lens Upgrade (subject to copay)		See description ⁷	\$56
Frames (subject to copay)		\$130 retail allowance	\$61
Contact Lens Fitting (CLF) Exam (subject to copay)	Standard CLF Exam	Covered in full	\$0
	Specialty CLF Exam	\$50 retail allowance	\$0
Contact Lenses ⁸	Elective (Conventional or Disposable)	\$130 retail allowance	\$100
	Medically Necessary ⁹	Covered in full	\$210



of adults agree
regular dental visits
keep them healthy.¹⁰

MONTHLY PREMIUMS

Effective January 1, 2020 - December 31, 2020

Delta 500		
	Dental Only	Dental & Vision
Individual Only	\$16.19	\$24.98
Individual & Spouse	\$32.38	\$46.76
Individual & Child(ren)	\$33.37	\$49.04
Family	\$49.54	\$72.83

Delta 1000		
	Dental Only	Dental & Vision
Individual Only	\$36.16	\$44.95
Individual & Spouse	\$72.64	\$87.01
Individual & Child(ren)	\$74.53	\$90.20
Family	\$110.64	\$133.93

Delta 1300		
	Dental Only	Dental & Vision
Individual Only	\$40.24	\$49.02
Individual & Spouse	\$80.79	\$95.16
Individual & Child(ren)	\$83.62	\$99.29
Family	\$124.51	\$147.80



3 easy ways to get the insurance you need.

When you're ready to sign-up for dental (or dental plus vision) insurance with Delta Dental, you have three easy ways to get it done.



ONLINE

Visit our website at
mysmilecoverage.com/ar

.....



PHONE

Call us toll free at (844) 788-7627

.....



MAIL

Download a paper application from
[deltadentalar.com/shop-plans/
individual-family-plans/dental](http://deltadentalar.com/shop-plans/individual-family-plans/dental)

Complete the application
and mail it to:

**P.O. Box 1596
Indianapolis, IN 46206**

This plan complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. This plan does not exclude people or treat them differently because of race, color, national origin, age, disability or sex. This plan provides free aids and services to people with disabilities to communicate effectively with us, such as: qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats).

This plan provides free language services to people whose primary language is not English, such as: qualified interpreters and information written in other languages. If you need these services, call 1-800-971-4108 (TTY users call 711).

If you believe that this plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with the civil rights coordinator at PO Box 1596, Indianapolis, IN 46206-1596; by phone at 1-800-971-4108 (TTY users call 711) or fax to 1-888-984-7156. You can also file a grievance by mail, fax or phone. If you need help filing a grievance, the civil rights coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201; 1-800-368-1019, 1-800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

(رقم الطابعة الهاتفية: 711), انتباه: إذا كنت تتحدث اللغة العربية، فتتوفر خدمات المساعدة اللغوية مجانًا بالنسبة لك. اتصل على الهاتف رقم 1-800-971-4108

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-971-4108 (TTY：711)。

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-971-4108 (ATS: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.
Rufnummer: 1-800-971-4108 (TTY: 711).

ध्यान दें: यदि आप हिन्दी बोलते हैं, तो भाषा सहायता सेवाएँ, आप के लिए नि:शुल्क उपलब्ध हैं। कॉल करें 1-800-971-4108 (TTY: 711).

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-971-4108 (TTY:711) まで、お電話にてご連絡ください。

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-971-4108 (TTY: 711) 번으로 전화해 주십시오.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-971-4108 (TTY: 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad.
Tumawag sa 1-800-971-4108 (TTY: 711).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-971-4108 (TTY: 711).

ध्यान आचो: જો તમે [ગુજરાતી] બોલતાં હો તો વિના મૂલ્ય ભાષાકીય સહાયતા સેવાઓ તમારે માટે ઉપલબ્ધ છે. કોલ કરો 1-800-971-4108 (TTY: 711).

LALE: Ñe kwōj kōnono Kajin Majō l, kwomarōñ bōk jerbāl in jipañ ilo kajin ñe aṃ ejje lōk wōñāān. Kaalōk 1-800-971-4108 (TTY: 711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-971-4108 (TTY: 711).

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-971-4108 (TTY: 711).

ໂປດ ຊາບ: ຖ້າວ່າ ທ່ານ ເວົ້າ ພາສາ ລາວ, ການ ບໍລິ ການ ຊ່ວຍ ເຫຼືອ ດ້ານ ພາສາ, ໂດຍ ບໍ່ ເສັຽ ຄ່າ, ແມ່ນ ມີ ພ້ອມ ໃຫ້ ທ່ານ.
ໂທ 1-800-971-4108 (TTY: 711).



- Centers for Disease Control and Prevention website: National Center for Health Statistics (accessed January 2018); www.cdc.gov/fastats/dental.htm
- Academy of General Dentistry Know Your Teeth website: Oral Warning Signs Can Indicate Serious Medical Conditions Save Lives (accessed January 2018); knowyourteeth.com.
- American Optometric Association website: Comprehensive Eye and Vision Examination (accessed January 2018); www.aoa.org
- Delta Dental of Arkansas internal data (July 2019)
- Copay applies one time to eyeglass frame and/or lenses.
- Contact Lens Fitting Exam has its own copay and is separate from the eye exam copay. Standard Contact Lens Fitting Exam applies to a current contact lens user who wears disposable, daily wear, extended wear lenses only. Specialty Contact Lens Fitting Exam

- applies to new contact wearers and/or a participant, who wears toric, gas permeable, or multi-focal lenses.
- Covered to provider's in-office standard retail lined trifocal amount; member pays difference between progressive and standard retail lined trifocal, plus applicable copay, less any applicable discounts.
- Contact lenses are in lieu of eyeglass frame and lenses benefit.
- Medically necessary contact lenses are those prescribed for extreme visual acuity or other functional problems not treatable by eyeglass lenses. Prior authorization required.
- American Dental Association, Oral Health and Well-Being in the United States, 2015
- A. The State of the Optometric Profession: 2013, page 9. https://www.aoa.org/Documents/news/state_of_optometry.pdf

DeltaDentalAR.com

Delta Dental insurance plans are underwritten by Delta Dental Plan of Arkansas, Inc., 1513 Country Club Road, Sherwood, AR 72120.
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