Plan highlights

Choose from a variety of plans designed to fit your needs and budget.

ULTIMATE PLAN

This extensive plan covers most dental procedures and provides maximum savings. Members get coverage for cosmetic benefits like teeth whitening and veneers and preventive care is covered 100%. There is also no annual dollar maximum* after three years of continuous coverage.

ELITE PLAN

Offers a diverse set of features designed to address you and your family's oral health needs. Preventive care is covered 100%, which means you pay nothing for exams, cleanings, X-rays and topical fluoride treatments. This plan includes a high-dollar maximum* as well as orthodontics coverage with a lifetime dollar maximum* of $1,500.

ENHANCED PLAN

Works like employer dental plans, where the individual pays a small percentage of the cost for services and the plan pays the rest. Preventive care is covered 100%, which means the individual pays nothing for exams, cleanings, X-rays and topical fluoride treatments. Benefits are subject to a deductible and a policy-year dollar maximum.*

BASIC PLAN

Our most affordable option, this plan provides basic protection where diagnostic services and most preventive care are covered 100%. Emergency services, fillings and non-surgical extractions are also covered. There is a $15 office visit copay.

Through Amplifon, Delta Dental of Arkansas offers members discounts on hearing screenings, equipment, and services through a nationwide network of providers.

*Dollar maximums are the maximum amount Delta Dental will pay, per plan. Dollar maximums vary by plan. Refer to your plan limitations and exclusions for specific language regarding the dollar maximum. Dollar maximums run during a 12-month benefit period, not the calendar year.

◀ See inside for a side-by-side comparison of plan benefits (and also check out our DeltaVision® plans)!

DELTA DENTAL®

As the country's largest provider of dental benefits, Delta Dental is proud to:

- **Offer a large network of providers**
  Our network includes more participating dentists than any other dental benefits program.
- **Cover millions of people nationwide**
  We also provide reliable, affordable dental coverage to the most people out of any other dental benefits provider.
- **Provide a wide variety of plans**
  We offer an extensive selection of plans to fit your individual needs and budget.

Get an instant quote.

DeltaDentalCoversMe.com
1-888-899-3736

Policies vary and contain general and specific exclusions and limitations. As a result, some services may not be covered under certain policies. Also, coverage for certain covered services is subject to conditions and other limitations, such as the number of times they may be covered in a given time period. You should obtain these exclusions and review them prior to enrollment. They are available during the quoting process at **DeltaDentalCoversMe.com.**

DELTA DENTAL®

Pay less. Smile more.



Delta Dental of Arkansas

Affordable dental plans for Individuals & Families

Plus, vision options

8475(10/26)BRO-P-V-AR

Easily compare Delta Dental Individual and Family™ Plan benefits

Delta Dental plans are a smart choice to fill the gaps in your health or Medicare plan. Simply follow the step-by-step instructions online or call us with questions. You, your spouse and/or dependent children are eligible for coverage if you're a permanent resident of the state. Apply before the 27th of the month, and your policy could be in effect on the first day of the month following approval of your application.

PLAN BENEFIT ▼	ULTIMATE PLAN				ELITE PLAN	ENHANCED PLAN	BASIC PLAN
	Year 1	Year 2	Year 3	Year 4			
Dollar maximum (per person per policy year)	$750	$1,500	$3,000	None	$2,500 There is a separate dollar maximum for Orthodontics	$1,250	None
Deductible (per person, does not apply to routine procedures like cleanings, exams, X-ray and topical fluoride)	$50 Once per lifetime as long as policy remains in force.				$50/policy year	$50/policy year	None
Office visit copayment	None	None	None	None	None	None	$15
The percent you pay after your deductible or office visit copayment (where required)							
Cleanings	0%	0%	0%	0%	0%	0%	0%
Exams	0%	0%	0%	0%	0%	0%	0%
Bitewing X-rays	0%	0%	0%	0%	0%	0%	0%
Topical fluoride	0%	0%	0%	0%	0%	0%	50%
Fillings	60%	40%	20%	20%	20%	50%	50% (6-month waiting period may apply)
Crowns	70%	60%	50%	50%	50% (12-month waiting period may apply)	50% (12-month waiting period may apply)	N/A
Implants	70%	60%	50%	50%	50% (12-month waiting period may apply)	50% (12-month waiting period may apply)	N/A
Root canals	60%	40%	20%	20%	20% (12-month waiting period may apply)	50% (12-month waiting period may apply)	N/A
Non-surgical extractions	60%	40%	20%	20%	20% (12-month waiting period may apply)	50% (12-month waiting period may apply)	50% (6-month waiting period may apply)
Teeth whitening	70%	60%	50%	50%	N/A	N/A	N/A
Orthodontics (Correction of crooked teeth for adults and children)	N/A	N/A	N/A	50% ($2,000 lifetime maximum, 12-month waiting period may apply)	50% ($1,500 lifetime maximum, 12-month waiting period may apply)	N/A	N/A

Please Note: This brochure shows certain plans offered on DeltaDentalCoversMe.com. You may be able to view and purchase Health Insurance Marketplace (Exchange) certified plans on this site, also. **Please visit DeltaDentalCoversMe.com or call 1-888-899-3736 for the latest plan information and rates.** Monthly premiums may be different based on plan choice, age, location, number of people insured, their age and relationship to you. Plan designs and rates are subject to change. Waiting periods on plans may be waived when transferring from another qualifying dental plan. There may be limits on how many times you can use certain services in a year.

Delta Dental of Arkansas complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

Plus, check out DELTAVISION® Administered by EyeMed

PLAN BENEFIT In-network providers only ▼	DELTAVISION 200	DELTAVISION 150
ALLOWANCE		
Frame + 20% savings on amounts over allowance	$200	$150
Contact lenses (Instead of glasses)	$200	$150
COPAY		
Eye exam	$10	$10
Standard contact lens fit & follow-up (Fitting & evaluation)	$10	$25
Premium contact lens fit & follow-up (Fitting & evaluation)	$10 copay 10% off retail price $50 allowance	$10 copay 10% off retail price $50 allowance
Lenses Single vision, lined bifocal or trifocal or lenticular	$0	$0
ADDITIONAL SAVINGS AFTER $10 COPAY		
Lens enhancements[1]	COPAY	
Standard anti-reflective coating	$0	$45
Standard scratch-resistant coating	$0	$0
Solid & gradient tints	$0	$15
Standard progressive lenses (multifocal)	$0	$65 maximum out-of-pocket after lens copay

✓ Members also receive a 40% discount on complete pair eyeglass purchases and a 15% discount on conventional contact lenses, once the funded benefit has been used

Retinal screening
✓ No more than a $39 copay on routine retinal imaging as an enhancement to a Vision Exam

Laser vision correction[2]
✓ 15% off regular price or 5% off promotional price

[1]Vision out-of-pocket costs may vary, depending on whether you see a provider from the EyeMed Insight network or a provider who is outside of the EyeMed network. Standard lens enhancements; premium or custom enhancements may also be available at an additional cost.

[2]Member must first visit an EyeMed Network Laser Vision doctor. This is an EyeMed provider who works with contracted centers or surgeons in member's area (not all EyeMed providers are Laser Vision doctors). After that, member would be referred to an EyeMed-contracted laser vision center or surgeon. On Vision policies, certain services are provided through EyeMed Vision Care.

Delta Dental and DeltaVision are registered marks of Delta Dental Plans Association. DeltaVision is underwritten by Wyssta Insurance Company.