



DENTAL AND VISION INSURANCE FOR INDIVIDUALS AND FAMILIES

PLANS AND RATES EFFECTIVE FEBRUARY 1, 2021

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



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



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)



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



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



Take control of your total health with the right dental & 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.



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



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

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.



DENTAL PLAN BENEFITS



DIAGNOSTIC AND PREVENTIVE SERVICES

Cleanings, exams and X-rays

100% covered

(all plans / in-network)



NO WAITING PERIODS

Delta Dental networks
Deductible (per person/all se
Annual maximum (per perso
Annual Carryover (per perso
BASIC SERVICES (6-MONTH
Fillings
MAJOR SERVICES (6-MONT
Periodontics (scaling, root p periodontal surgery)
Endodontics (root canals)
Oral surgery (tooth removal)
Prosthodontics (crowns, dentures & bridges)
ORTHODONTIC SERVICES*
Braces and retainers

*Orthodontic services are avail
The benefit allowance for serv
eligible services as determined



Almost 40% of Americans

age 18-64 DO NOT receive regular oral care.¹

	Delta 500	Delta 1000	Delta 1300
	Delta Dental PPO + Premier		
services)	\$50	\$50	\$50
n)	\$500	\$1,000	\$1,300
n)	Not available	\$250	\$325
WAITING PERIOD)			
	60%	80%	80%
H WAITING PERIOD)			
laning,	60%	50%	80%
	60%	50%	80%
)	60%	50%	80%
	Not covered	50%	50%
(12-MONTH WAITING PERIOD & \$1,000 LIFETIME MAXIMUM)			
	Not covered	Not covered	50%

able only for dependent children age 18 and younger.
ices of an out-of-network dentist will be reduced by 10 percent for
d by Delta Dental of Arkansas.

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

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



DELTAVISION PLAN BENEFITS

BENEFIT	FREQUENCY
Eye Exam	Every 12 months
Lenses	Every 12 months
Frames	Every 24 months
Contact Lens Fitting Exam	Every 12 months
Contact Lenses	Every 12 months

Eye Exam (subject to copay)	
Standard Lenses Per Pair (subject to copay)	Single Vision
	Bifocal
	Trifocal
	Lenticular
Progressive Lens Upgrade (subject to copay)	
Frames (subject to copay)	
Contact Lens Fitting (CLF) Exam (subject to copay)	Standard CLF Exam
	Specialty CLF Exam
Contact Lenses ⁸	Elective (Conventional or Disposable)
	Medically Necessary ⁹



Eye exams can be an early detection tool for:

- Diabetes
- Glaucoma
- Hypertension
- Macular degeneration

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

	IN-NETWORK BENEFITS	OUT-OF-NETWORK REIMBURSEMENTS
	Covered in full	\$36
	Covered in full	\$28
	Covered in full	\$42
	Covered in full	\$56
	Covered in full	\$78
	See description ⁷	\$56
	\$130 retail allowance	\$61
	Covered in full	\$0
	\$50 retail allowance	\$0
able)	\$130 retail allowance	\$100
	Covered in full	\$210



of adults agree regular dental visits keep them healthy.¹⁰

MONTHLY PREMIUMS

Effective February 1, 2021 - January 31, 2022

Delta 500

	Dental Only	Dental & Vision
Individual Only	\$17.00	\$25.79
Individual & Spouse	\$34.00	\$48.37
Individual & Child(ren)	\$35.04	\$50.70
Family	\$52.03	\$75.32

Delta 1000

	Dental Only	Dental & Vision
Individual Only	\$37.97	\$46.76
Individual & Spouse	\$76.27	\$90.65
Individual & Child(ren)	\$78.26	\$93.92
Family	\$116.18	\$139.47

Delta 1300

	Dental Only	Dental & Vision
Individual Only	\$42.25	\$51.04
Individual & Spouse	\$84.83	\$99.20
Individual & Child(ren)	\$87.80	\$103.47
Family	\$130.74	\$154.02



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

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PHONE

Call us toll free at (844) 788-7627

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MAIL

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

Complete the application
and mail it to:

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

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.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 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).

LALE: Ñe kwōj kōnono Kajin Majō ĩ, kwomaroñ bōk jermal in jipañ ilo kajin ñe am ejje ĩok wōñāān. Kaalok 1-800-971-4108 (TTY: 711).



1. Centers for Disease Control and Prevention website: National Center for Health Statistics (accessed January 2018); www.cdc.gov/fastats/dental.htm
2. Academy of General Dentistry Know Your Teeth website: Warning Signs in the Mouth Can Save Lives (accessed August 2015); knowyourteeth.com.
3. American Optometric Association website: Comprehensive Eye and Vision Examination (accessed January 2018); www.aoa.org
4. Delta Dental of Arkansas internal data (July 2019)
5. Copay applies one time to eyeglass frame and/or lenses.
6. 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, or 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.
7. 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.
8. Contact lenses are in lieu of eyeglass frame and lenses benefit.
9. Medically necessary contact lenses are those prescribed for extreme visual acuity or other functional problems not treatable by eyeglass lenses. Prior authorization required.
10. American Dental Association, Oral Health and Well-Being in the United States, 2015

DeltaDentalAR.com

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