



DENTAL AND VISION PLANS

State of Arkansas Retiree Program

Individual and family
plans at a price that will
make you smile.

WHAT'S COVERED?

PREVENTIVE AND DIAGNOSTIC

- Two routine exams per benefit period
- X-rays
- Two cleanings per benefit period
- Two fluoride applications for dependent children up to age 19
- Sealants for dependent children up to age 16

BASIC RESTORATIVE SERVICES

- Minor emergency treatment
- Fillings
- Simple extractions
- Space maintainers for dependent children up to age 14
- Stainless steel crowns for dependent children up to age 16

MAJOR RESTORATIVE SERVICES

- Crowns
- Endodontics (root canals)
Oral surgery
- Dentures, bridges, partials

Why Delta Dental?

Dental insurance is not a sideline of our business — it is the heart.

We are the state's largest and most experienced dental insurance company, and our expertise is why nearly 2 million members across the country trust their smiles to Delta Dental of Arkansas.



Easy access

We make it easy for you to access the information you need at any time. Through our website, you can:

- Locate a dentist
- Check claims status and history
- Review plan coverage
- Print ID cards,
- and more!

FREQUENTLY ASKED QUESTIONS

Who is eligible for coverage under a Delta Dental Individual and Family plan?

You must be an Arkansas resident and a State of Arkansas Retiree Program member to be eligible for coverage. Acceptance is guaranteed regardless of age, dental history or pre-existing conditions.

What are the age limitations for dependent children?

Dependent children can continue coverage until the end of the month in which they turn 26.

What services are NOT covered under this plan?

For a complete list of services not covered, please visit our website to view the Schedule of Benefits. General services that are not covered include:

- Tooth implants
- Tooth whitening
- Athletic mouth guards
- Braces and retainers
- Treatment for TMJ (temporomandibular joint disturbances)
- Services to correct cosmetic dentistry
- Dental care started prior to the date the patient became covered under this plan



DeltaDentalAR.com

WHY DENTAL INSURANCE?

People with dental insurance typically visit the dentist more often than those without, resulting in better dental and overall health.

Besides keeping your smile healthy, your dentist can also help identify more than 120 signs and symptoms of non-dental diseases—including heart disease and diabetes—before they become larger problems.¹

Prevention costs less than treatment. Most dental plans, such as Delta Dental Individual and Family, encourage prevention by covering the cost of exams, cleanings, X-rays and more in order to help prevent dental disease rather than to perform expensive, and sometimes painful, restoration work later.

DENTAL PLANS	Delta Dental Dentist	Non-participating Dentist
Individual/family deductible	\$50/\$150	
Individual benefit-year maximum	\$1,500	
What the plan pays for after you have satisfied the deductible		
Preventive & Diagnostic	100%	80%
Basic Restorative Services	80%	60%
Major Restorative Services	60%	50%
Waiting Periods*		
Preventive & Diagnostic	None	
Basic Restorative Services	None	
Major Restorative Services	6 Months	

Monthly Premiums	
Individual Only	\$38.98
Individual & Spouse	\$77.70
Individual & Child(ren)	\$75.86
Individual & Family	\$125.72

The dental plans offered in this brochure do not include pediatric dental services as required under the Affordable Care Act (ACA). To learn about Delta Dental's ACA compliant dental plans and assistance to determine if you need an ACA compliant pediatric dental plan, call our marketing representatives at (800) 971-4108 or visit www.mysmilecoverage.com/AR.

*Deductible does not apply.

OUT-OF-NETWORK BENEFITS (NON-PARTICIPATING)

Services conducted through an out-of-network dentist will be reduced as indicated above by Delta Dental of Arkansas after applying the applicable deductibles, copayments and maximums. This means your out-of-pocket expense will be more if you choose an out-of-network dentist.

*WAITING PERIODS WILL BE WAIVED IF:

1. Your application is received within 31 days of the termination of your prior carrier.
2. You have had at least six months of continuous coverage in Major Restorative Services.

To waive waiting periods, please submit a copy of your Certificate of Creditable Coverage verifying your previous dental coverage and a copy of your covered benefits.



Delta Dental has the largest network of dentists in Arkansas and across the nation,² which means you will find affordable care wherever you are.

¹ J Am Dent Assoc, Vol 134, No suppl_1, 41S-48S. 2003 American Dental Association and Dental Management of The Medically Compromised Patient, 8th Edition, 2013, Mosby Elsevier, St. Louis, MO. ² Delta Dental Plans Association, web.

TAKE CARE OF YOUR SMILE AND YOUR VISION!

Delta Dental also offers vision insurance when you select an individual or family dental plan.

Vision and eye health problems are the second most prevalent and chronic health care problems in the United States—affecting more than 120 million people. Like dental insurance, vision plans promote routine care, which keeps your eyes healthy and can help detect diseases such as diabetes.

Choose the dental plan that best fits your needs, and add vision to receive coverage for eye exams and glasses or contacts. With Delta Dental, you can keep your smile and vision healthy at a price you can afford.

VISION PLANS

In-network Vision Covered Benefits

Vision Exam	Every 12 months	Covered in full after \$10 copay
Frame	Every 24 months	Covered in full after \$15 copay for any frame with a wholesale value up to \$50 (retail prices vary but will be approximately up to \$150). Frames from participating Walmart locations are covered up to a \$68 retail value.
Lenses	Every 12 months	Standard single vision, bifocal, trifocal and lenticular covered in full after \$15 copay

Contact Lenses (in lieu of lenses and frames)

Contact Lens (elective)	Every 12 months	\$150 which can be used toward the evaluation, fitting and follow-up care
Contact Lens (medically necessary)	Every 12 months	Covered in full with prior authorization
Laser Vision Correction	Once per lifetime	\$150 per covered member

Dental & Vision Benefits Monthly Premiums

Individual Only	\$48.23
Individual & Spouse	\$96.21
Individual & Child(ren)	\$92.95
Individual & Family	\$153.39

For more information about out-of-network benefits, please call (844) 304-7627.



More than 60,000 eye care providers nationwide.

To find an eye care provider in the Superior National Network, visit deltadental.com.



MAIL TO: H&H Benefits Specialists
1301 West 7th Street
Little Rock, AR 72201

REQUESTED EFFECTIVE DATE		
MONTH	DAY 1 st	YEAR

Individual & Family Application | Plan number SOARR01

Rates effective: October 1, 2019 – December 31, 2022

APPLICANT INFORMATION			
Name:	Date of Birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Mailing Address:	City:	State:	ZIP:
Social Security #:	Home Number:		
Email:	Mobile Number:		

PLAN SELECTION (CHOOSE ONE)

Dental Dental and Vision

TYPE OF COVERAGE (CHOOSE ONE)

Individual Individual and Spouse Individual and Child(ren) Individual and Family

DEPENDENTS

	First Name	Last Name	Social Security #	Date of Birth	Sex
Spouse					
Child					
Child					
Child					

PREVIOUS COVERAGE

Will this replace existing dental coverage?

YES NO

If you are purchasing this coverage to replace an existing Delta Dental of Arkansas plan, please provide the anticipated termination date of your current plan: _____
If the coverage will replace a plan with another carrier, please submit a copy of the Certificate of Creditable Coverage and a list of covered benefits. A Certificate of Creditable Coverage benefits can be obtained from your previous insurance carrier on your employer group health administrator.

HOUSEHOLD RESIDENTIAL INFORMATION

Do all proposed insured reside in Arkansas? YES NO | If no, provide reason:

PAYMENT METHOD - BANK DRAFT OR CREDIT CARD ONLY (DO NOT SEND A LIVE CHECK)

Bank Draft: Monthly Annually | Routing Number: _____
Bank Account: Checking Savings | Account Number: _____ **Include a voided check with application.**

I authorize Delta Dental of Arkansas (DDAR) and the BANK* indicated above to debit my DDAR premium from my checking or savings account indicated above. This authority is to remain in full force and effect until my BANK has received written notification from me of the Pre-Authorized Bank Draft Program termination in such a time and such a manner as to afford the BANK a reasonable opportunity to act on it, or until the BANK has sent me ten (10) day written notice of the BANK's termination of this agreement.

I understand that by revoking the Pre-Authorization Bank Draft Program after I have agreed to it, I will also be terminating my DDAR coverage, unless DDAR has received written notice from me of my desire to continue coverage at least twenty (20) days prior to the next Pre-Authorization Bank Draft Program date.

Signature of Bank Account Holder

Date

Monthly bank drafts are processed on the 5th of each month. *BANK also applies to Savings and Loan.

