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.

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.

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 13
• Sealants for dependent children up to age 16
• 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

BASIC RESTORATIVE SERVICES
• Minor emergency treatment
• Fillings
• Extractions
• Space maintainers for dependent children up to age 13
• Seals for dependent children up to age 16
• Stainless steel crowns for dependent children up to age 16

MAJOR RESTORATIVE SERVICES
• Crowns
• Endodontics (root canals)
• Oral surgery
• Dentures, bridges, partials

ACCOUNT AND VISION PLANS
State of Arkansas Retiree Program

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

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

WHY DELTA DENTAL?

We make it easy for you to:

- View claims status and history
- Review plan coverage
- Print ID cards
- Get help with your account

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
- Minor emergency treatment
- Fillings
- Root canals
- Oral surgery
- Crowns, bridges, partials

MAJOR RESTORATIVE SERVICES

- Oral surgery
- Crowns, bridges, partials
- Cosmetic treatments
- Root canals
- Partial dentures
- Full dentures
- Orthodontics
- Orthodontic appliances

DIAGNOSTIC, PREVENTIVE AND RESTORATIVE SERVICES

- X-rays
- Cleanings
- Fillings
- Crowns
- Bridges
- Bridges, partials
- Root canals
- Full dentures
- Partial dentures
- Orthodontics
- Orthodontic appliances
- Cosmetic treatments
- Oral surgery

INDIVIDUAL & FAMILY APPLICATION | Plan number SOARR01

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

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

MAIL TO: Delta Dental of Arkansas
1513 Country Club Road, Sherwood, AR 72120.

To receive this plan, submit your completed application by September 30, 2020.

Plans are subject to change without notice.

For more information, visit our website at deltadentalar.com.
People with dental insurance typically visit the dentist more often than those who do not, resulting in better overall dental and general health.

Besides keeping your smile healthy, your dental insurance can also help prevent 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 of Arkansas 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 of Arkansas

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>Prepayment</th>
<th>Preventive/Diagnostic</th>
<th>Basic Restorative Services</th>
<th>Major Restorative Services</th>
<th>Waiting Period*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual Only</td>
<td>100%</td>
<td>100%</td>
<td>80%</td>
<td>60%</td>
<td>Preventive: None</td>
</tr>
<tr>
<td>Individual &amp; Spouse</td>
<td>100%</td>
<td>100%</td>
<td>80%</td>
<td>60%</td>
<td>Preventive: None</td>
</tr>
<tr>
<td>Individual &amp; Children</td>
<td>100%</td>
<td>100%</td>
<td>80%</td>
<td>60%</td>
<td>Preventive: None</td>
</tr>
<tr>
<td>Individual &amp; Family</td>
<td>100%</td>
<td>100%</td>
<td>80%</td>
<td>60%</td>
<td>Preventive: None</td>
</tr>
</tbody>
</table>

*Deductible does not apply.

OUT-OF-NETWORK BENEFITS (NON-PARTICIPATING)

Services conducted through an out-of-network dentist will be reimbursed 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 apply the applicable deductibles, copayments and maximums.

WAITING PERIODS WILL BE WAIVED IF:

1. Your application is received within 31 days of the terminated policy for benefits. The authorization is valid for the term of coverage for the purpose of collecting information in connection with claims and payment for benefits. The applicant or the applicant’s authorized representative is entitled to receive a copy of the authorization form.

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>Waiting Period*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual Only</td>
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<td>None</td>
</tr>
<tr>
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<td>None</td>
</tr>
<tr>
<td>Monthly Premiums</td>
<td>6 Months</td>
</tr>
</tbody>
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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.

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

WHY DENTAL INSURANCE?

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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 dental plan may help you identify more than 120 signs and symptoms of non-dental diseases—including heart disease and diabetes—before they become larger problems.

Prevention costs less than treatment. Most dental plans, such as Delta Dental of Arkansas Family and Individual, encourage prevention by covering the costs 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.

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

reduced as indicated above by Delta Dental of Arkansas after applying the applicable deductibles, copayments and maximums.

- **Major Restorative Services**
  - 6 Months
  - 100%
  - 50%

- **Preventive & Diagnostic**
  - 1 Year
  - 100%
  - 80%

- **Basic Restorative Services**
  - 1 Year
  - 80%
  - 60%

- **Major Restorative Services**
  - 60%
  - 50%

- **Waiting Periods**
  - Preventive & Diagnostic
  - None

- **Basic Restorative Services**
  - None

- **Major Restorative Services**
  - 6 Months

- **Contact Lenses**
  - In lieu of lenses and frames
  - Every 12 months
  - Standard single vision, bifocal, trifocal and lens and coated covered in full after 15 copay

- **Contact Lens**
  - Elective
  - Every 12 months
  - $50 which can be used toward the evaluation, fitting and follow-up care

- **Contact Lens**
  - Medical necessity
  - Every 12 months
  - Covered in full with prior authorization

- **LASIK**
  - Once per lifetime
  - $50 per covered member

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

Vision and eye health are also problems of major concern 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 Coverage

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<tr>
<th>In-network Vision Covered Benefits</th>
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<tbody>
<tr>
<td>Vision Exam Every 12 months Covered in full after $10 copay</td>
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More than 60,000 eye care providers nationwide.

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

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- **Major Restorative Services**
  - 60%
  - 50%

- **Waiting Periods**
  - Preventive & Diagnostic
  - None

- **Basic Restorative Services**
  - None

- **Major Restorative Services**
  - 6 Months

- **Contact Lenses**
  - In lieu of lenses and frames
  - Every 12 months
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**Individual & Family Application** | Plan number SOARR01

**Rates effective:** October 1, 2019 — December 31, 2022

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**APPLICANT INFORMATION**
- Name: [Last Name], [First Name]
- Date of Birth: [DOB]
- Male / Female
- Address: [Address]
- City: [City]
- State: [State]
- ZIP: [ZIP]
- Email: [Email]
- Telephone: [Tel]

**SOARR12-2019**

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**PLANNED COVERAGE (PLEASE CHOOSE ONE)**
- Dental
- Dental and Vision

**PREVIOUS COVERAGE**
- Will this replace existing dental coverage? [YES] [NO]

**PREVIOUS COVERAGE CONTINUES**
- If you are purchasing this coverage to replace an existing Delta Dental of Arkansas plan, please provide:
  - Your current policy number
  - Name of your previous carrier
  - Certificate of Creditable Coverage
  - If the coverage will replace a plan with another carrier, please submit a copy of the Certificate of Creditable Coverage benefits. A Certificate of Creditable Coverage benefits can also be obtained from your previous insurance carrier on your employer group health administrator.

**PREVIOUS COVERAGE BENEFITS**
- If the coverage will replace a plan with another carrier, please provide a list of covered benefits. A Certificate of Creditable Coverage benefits can also be obtained from your previous insurance carrier on your employer group health administrator.

---

**WHO IS ELIGIBLE FOR COVERAGE**
- 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'S COVERED?**

**GENERAL**
- Diagnostic and preventive services
- Basic and major restorative services
- Dental implants
- Orthodontics
- Endodontic treatment
- Partial crowns
- Space mainteners
- Primary dentures
- Retainers

**BENEFITS**
- Two cleanings per benefit period
- Two fillings per benefit period
- Two extractions per benefit period
- Limited emergency treatment
- Limited orthodontics

---

**WHAT'S NOT COVERED**

**DIAGNOSTIC & PREVENTIVE**
- Routine exams
- Fluoride treatments
- X-rays

**BASIC RESTORATIVE**
- Fillings
- Crowns
- Bridges
- Partial dentures

**MAJOR RESTORATIVE**
- Crowns
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**MAIL TO: Delta Benefits Specialists 130 West 7th Street Little Rock, AR 72201**

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**VISION PLANS**

In-network Vision Covered Benefits

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Benefits</th>
<th>Maximums</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vision Exam</td>
<td>Covered in full after 10 copay</td>
<td>Individual &amp; Children: $96.21, Individual: $82.95, Individual &amp; Family: $153.39</td>
</tr>
<tr>
<td>Frame</td>
<td>Covered in full after 15 copay for any frame with a wholesale value up to $50 retail prices (but will be approximately up to $150). Frames from participating Walmart locations are covered up to a $168 retail value.</td>
<td></td>
</tr>
<tr>
<td>Lenses</td>
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<td></td>
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<td>Contact Lens (spherical)</td>
<td>Every 12 months</td>
<td>$50 which can be used toward the evaluation, fitting and follow-up care</td>
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<tr>
<td>Contact Lens (medically necessary)</td>
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**OUT-OF-NETWORK BENEFITS (NON-PARTICIPATING)**

Services conducted through an out-of-network dentist will be billed to you, the member, if you choose an out-of-network dentist. Delta Dental of Arkansas, a leading provider of dental insurance, is dedicated to making sure in-network care is more accessible and more affordable.

Delta Dental of Arkansas' extensive network of participating providers is designed to give you the best treatment options at an affordable price. We have a network of more than 60,000 participating providers across the country, and you can easily find one in your area by visiting deltadentalar.com.

Choose a plan that offers the option to opt out of electronic correspondence:

1. Your application is received within 31 days of the termination of your prior carrier.
2. You have had at least 6 months of continuous coverage in Major Restorative Services.

**WAVING PERIODS WILL BE WAIVED IF:**

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