



dental & DENTAL PLUS VISION
INSURANCE PLANS
FOR YOU & YOUR FAMILY



Arkansas
BlueCross BlueShield

An Independent Licensee of the Blue Cross and Blue Shield Association



affordable

DENTAL AND VISION COVERAGE

DENTAL PLANS

There's nothing like a bright, healthy smile to make you feel great! Arkansas Blue Cross and Blue Shield has affordable dental insurance plans for individuals and families that offer a variety of valuable benefits to give you something to smile about.

From essential preventive care to major restorative services, our plans offer affordable choices for every age. There are three individual dental plans you can choose. (See chart on next page for coverage amounts, deductibles, rates and other information.)

1 PEDIATRIC PLAN — This stand-alone dental plan for children meets the Affordable Care Act (ACA) guidelines for preventive and restorative dental care for individuals under age 19, including:

DIAGNOSTIC and PREVENTIVE SERVICES

- Exams
- Prophylaxis (teeth cleaning)
- Fluoride treatment
- X-rays
- Sealants

MINOR (BASIC) RESTORATIVE SERVICES

- Fillings
- Endodontics (root canals)
- Oral surgery
- Extractions
- Anesthesia

MAJOR RESTORATIVE SERVICES

- Crowns
- Partials and dentures
- Surgical periodontics (treatment for gum disease)

2 SILVER PLAN — This plan is available for children or adults. For children under age 19, it covers the same benefits as the pediatric plan above. However, member cost share (copayments or coinsurance) may differ among plans. For adults, this plan covers preventive services as well as minor restorative services, including:

DIAGNOSTIC and PREVENTIVE SERVICES

- Exams
- Prophylaxis (teeth cleaning)
- X-rays

MINOR (BASIC) RESTORATIVE SERVICES

- Fillings
- Endodontics (root canals)
- Oral surgery
- Extractions
- Periodontics (treatment for gum disease)

3 GOLD PLAN — This plan is also available for children or adults. For children under age 19, it covers the same benefits as the pediatric plan above. However, member cost share (copayments or coinsurance) may differ among plans. For adults, this plan covers the preventive and minor restorative services listed with the Silver plan, and adds major restorative services, including:

MAJOR RESTORATIVE SERVICES

- Inlays and onlays
- Crowns and bridges
- Partials and dentures

- Implants
- Surgical periodontics

Plus, there's no exclusion for missing teeth.

Rollover Benefit

The Gold plan's annual maximum rollover benefit allows individual adults to "roll over" up to \$350 of unused benefits to the next year.

With the annual maximum rollover benefit feature, you may roll over \$350 to the next benefit year, as long as:

- You submit at least one claim during the year; **and**
- Your total claims do not exceed \$500 for that benefit year.

With Dental Gold, the rollover is available to each adult member on your policy and it can accumulate from one benefit year to the next, up to a maximum of \$1,000.

This means you can potentially have a \$2,000 annual maximum per adult member, which can provide even more protection for those unexpected dental bills.



GOLD PLUS VISION PLAN

If you're looking for affordable dental and vision coverage together in one easy plan, we have that too. Our **Dental Gold Plus Vision Plan**, available for children and adults:

- Reduces your out-of-pocket eye-care costs with eye exams for a low \$10 copayment
- Provides coverage for glasses or contacts
- Offers a nationwide network of eye doctors (ophthalmologists and optometrists) and eye-care centers
- Provides discounts on popular lens options

Applying for any of our plans is easy! You can even sign up for a pre-authorized bank draft that gets rid of the hassle of writing a check for your premium each month.

WITH ARKANSAS BLUE CROSS DENTAL PLANS, YOU HAVE:

- The freedom to choose any dentist
- The ability to maximize your benefits by using a dentist in the dental provider network
- No claim forms to complete when you choose a participating dentist

individual dental PLANS

	Dental Pediatric Plan Child Only	Dental Silver Adult & Child(ren)	Dental Gold Adult & Child(ren)	Dental Gold Plus Vision Adult & Child(ren)
Plan-Year Maximum	None	Adults — \$1,000; Children — None	Adults — \$1,000; Children — None	Adults — \$1,000; Children — None
Annual Out-of-Pocket Maximum	\$700	Unlimited Adults; \$700 for one Child; \$1,400 for 2 or more Children	Unlimited Adults; \$700 for one Child; \$1,400 for 2 or more Children	Unlimited Adults; \$700 for one Child; \$1,400 for 2 or more Children
Rollover	None	None	Yes (Adults Only)	Yes (Adults Only)
BENEFITS (what the member pays)				
Deductible	\$20	\$50	\$20	\$20
Preventive Coverage	\$0	10%	\$0	\$0
Minor Restorative Coverage	20%	25%	20%	20%
Major Restorative Coverage	50%	50% (Children Only)	50%	50%
Implants	Not Covered	Not Covered	Yes (Adults Only)	Yes (Adults Only)
Orthodontics	Not Covered	Not Covered	Not Covered	Not Covered
Waiting Periods*	None	6 Months (Adults Only)	6 Months Minor and 6 Months Major Restorative (Adults Only)	6 Months Minor and 6 Months Major Restorative (Adults Only)
MONTHLY RATES (per person)				
Individual (age 0-20)	\$26.89	\$21.88	\$26.89	\$32.07
Individual (age 21 and up)	n/a	\$20.26	\$31.22	\$36.40

To determine a monthly “family rate,” add individual rates together according to ages.

Example: Silver Plan for a family of four (2 adults, 2 children)

$$\$21.88 \times 2 = \$43.76$$

$$\$20.26 \times 2 = \$40.52$$

$$\text{Total Premium} \quad \$84.28 \text{ per month}$$

* The six-month waiting period for minor restorative services (Silver or Gold) and the six-month waiting period for major restorative services (Gold) will be waived if you meet the following criteria:

1. Your application is received within 60 days of the termination date of your previous coverage; and
2. No later than 60 days from the effective date of your new policy with Arkansas Blue Cross and Blue Shield, you provide us with:
 - A copy of your previous dental policy Certificate of Coverage, which reflects the policy’s effective and termination dates; and
 - A copy of your previous policy’s benefit schedule, which reflects at least six months of coverage for minor and/or major restorative services.



IN ADDITION TO ALL OF THE DENTAL GOLD BENEFITS, WITH DENTAL GOLD PLUS VISION, YOU HAVE:

- Coverage for eye examinations and eyeglasses or contact lenses
- The ability to maximize your benefits by using an eye doctor or eye-care center in the network
- The freedom to choose any eye doctor

IN-NETWORK BENEFITS	EVERY 12 MONTHS
Eye Examination	Covered in full after \$10 copayment
Eyeglasses	
Spectacle Lenses	Covered in full For standard single-vision, or lined multifocal lenses after a \$25 copayment
Frames	
Collection Frames ¹	
▪ Fashion	Covered in full (value up to \$125)
▪ Designer	\$15 copayment (value up to \$175)
▪ Premier	\$40 copayment (value up to \$225)
Non-Collection Frames	Up to \$100 plus 20% off balance ²
Free one-year eyeglass breakage warranty ³	
Contact Lenses (in lieu of eyeglasses)	
Contact Lenses and Evaluation, Fitting and Follow-up Care	Up to \$100, plus 15% off balance ²
DENTAL GOLD PLUS VISION MONTHLY RATES (per person)	
Individual (age 0-20)	\$32.07
Individual (age 21 and up)	\$36.40

To determine a monthly "family rate," add individual rates together according to ages.

Example: Gold Plus Vision for a family of four (2 adults, 2 children)

$$\$32.07 \times 2 = \$64.14$$

$$\underline{\$36.40 \times 2 = \$72.80}$$

$$\text{Total Premium} \quad \$136.94 \text{ per month}$$

¹ **Collection** (fashion, designer and premier) frames are available at most participating independent provider locations.

² Additional discounts not applicable at some provider locations.

³ Warranty applies to all plan-covered eyeglasses (i.e., spectacle lenses, collection frames, and retail frames where collection frames are not available).

See Important Information on vision out-of-network reimbursement.

support FOR YOUR TOTAL HEALTH

... with dental and vision coverage

You'll find affordable dental and vision coverage at Arkansas Blue Cross to complement your health insurance. We're here to help you choose the solution that is right for you, show you how to get the most from your coverage and provide ongoing support to help you plan for your overall health and well-being.



Call today at **1-800-392-2583** to learn more.



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IMPORTANT INFORMATION

Dependents who become ineligible may continue their coverage by completing a new dental plan application within 60 days of becoming ineligible for coverage under their existing policy. At that time, the policyholder will be credited for any waiting and frequency periods met and will begin a new dental benefit year; however, credit will not be given for a met deductible. This outline of coverage provides a brief description of the important features of the dental insurance policy. The outline is not the policy, and only the actual policy provisions will control. These policies are represented by the following form numbers:

Dental Pediatric Plan

- 64-314 (Off Marketplace);
- 64-315 (On Marketplace)

Dental Silver Plan

- 64-316 (Off Marketplace);
- 64-317 (On Marketplace)

Dental Gold Plan

- 64-318 (Off Marketplace);
- 64-319 (On Marketplace)

Dental Gold Plus Vision Plan

- 64-320 (Off Marketplace);
- 64-321 (On Marketplace)

The policy itself sets forth in detail the rights and obligations of both you and the insurance company. It is, therefore, important that you read the policy carefully. This policy is guaranteed renewable as long as you reside in Arkansas. The company may change the established premium rate, but only if the rate is changed for all policies and riders of the same form number and premium classification.

Dental Gold plans have an 85 percent actuarial value (AV); Dental Silver plans have a 70 percent AV.

WAITING PERIODS

For individuals age 19 or older, some dental plans contain waiting periods prior to certain services being covered. Once the waiting

period is satisfied, those services are payable, subject to all other terms, conditions, exclusions and limitations of the policy.

DENTAL and VISION BENEFITS | Services NOT Included

Orthodontic services; services, procedures or supplies not dentally necessary; services or procedures not prescribed or rendered by a dentist or eye doctor; services or supplies collectible under Workers' Compensation or any law providing benefits for dependents of military personnel; services for conditions for which treatment is provided by federal or state government or are provided without cost; accidental injuries; injuries or diseases caused by war; cosmetic services; prescription drugs; local or block anesthesia when billed separately; experimental or investigational services; services provided by an immediate relative; vision fees charged by a provider for services other than covered vision exam or covered vision materials; orthoptic or vision training, subnormal vision aids and any associated supplemental testing and aniseikonic lenses; medical and/or surgical treatment of the eye, eyes or supporting structures; any vision exam or connective eyewear required by an employer as a condition of employment and/or safety eyewear unless specifically covered under this policy; non-prescription lenses or non-prescription sunglasses, medically necessary contact lenses for which prior approval was not obtained.

GENERAL DENTAL | Coverage Limitations

Routine dental exams, prophylaxis, (fluoride treatments, bitewing X-rays for dependent children under age 19) are limited to two per benefit year; bitewing X-rays (one occurrence of two, three, four or eight vertical bitewings for adults over age 18) are limited to one per benefit year; comprehensive dental

evaluations are limited to one per covered person every 24 months; fixed space maintainers through age 18; rebasing/relining of full or partial dentures; and sealants for dependents through age 15 on permanent first and second molars only and limited to one sealant per lifetime; full-mouth radiographs, inlays and onlays for treatment of decay, single crowns, crown buildups including pins, removable prosthetics, resin-bonded retainers, and post and core buildups are limited to one per each five-year treatment of decay, single crowns, crown buildups including pins, removable prosthetics, resin-bonded retainers, and post and core buildups are limited to one per each five-year period; stainless steel, prefabricated resin or composite resin crowns; root canal therapy, crown lengthening, and guided tissue regeneration are limited to one per tooth per lifetime.

GENERAL VISION | Coverage Limitations

All vision benefits are based on the frequency periods, copayments and discounts stated in the policy. Vision exams and materials are further limited to the allowable charge as determined by the company. Any amount over the allowable charge is the covered person's responsibility.

VISION | Out-of-Network Reimbursement

If you choose an out-of-network vision provider, you pay the provider directly for all charges and then submit a claim for reimbursement. Out-of-network reimbursement includes:

Eye exam – up to \$35;

Frame – up to \$30;

Single vision lens – up to \$25;

Bifocal lens – up to \$35;

Trifocal lens – up to \$45;

Lenticular lens – up to \$80;

Elective contacts – up to \$100;

Medically necessary contacts – up to \$225.



LIVE FEARLESS

WITH THE NAME TRUSTED FOR MORE THAN 65 YEARS



Arkansas
BlueCross BlueShield

QUESTIONS? Call us today

1-800-392-2583

To be eligible for an Arkansas Blue Cross dental insurance policy, you must be an Arkansas resident. Other eligibility rules may apply.

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