DELTA DENTAL®

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
- Implants

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	
Annual carryover	$375	
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 Month	

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 representatives at (844) 487-6453 or visit http://www.deltadentalcoversmysmile.com/s/SOAR.

*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.

With the help of the EyeMed Insight network, DeltaVision members have lots of choices — be it an independent eye doctor, popular retailer or online option.

The Insight network has almost 700 eye care providers at more than 330 locations in Arkansas. This includes 257 indepedent provider locations and 79 retail locations including Walmart®, Sam's Club, Lenscrafters®, PearleVision® and TargetOptical®.

VISION PLANS

In-Network Vision Covered Benefits		
Vision Exam	Every 12 months	Covered in full after $10 copay
Frames	Every 24 months	$150 retail allowance
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	15% off retail price or 5% off promotional pricing

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) 487-6453.

DELTA DENTAL®

MAIL TO: Arkansas Health First
1301 West 7th Street
Little Rock, AR 72201
FAX: (501) 663-1445
Email: service@arseba.com

REQUESTED EFFECTIVE DATE		
MONTH	DAY	YEAR
	1st	

Individual & Family Application | Plan number SOARR01

APPLICANT INFORMATION			
Name:	Date of Birth:	☐ Male ☐ Female	
Mailing Address:	City:	State:	ZIP:
Home Number:	Mobile Number:		
Email:			

PLAN SELECTION (CHOOSE ONE)	TYPE OF COVERAGE (CHOOSE ONE)
☐ Dental ☐ Dental and Vision	☐ Individual ☐ Individual and Spouse ☐ Individual and Child(ren) ☐ Family

DEPENDENTS

	First Name	Last Name	Date of Birth	Sex
Spouse				
Child				
Child				
Child				

PREVIOUS COVERAGE

Will this replace existing dental coverage? ☐ YES ☐ NO

Previous Coverage Carrier: _____
Previous Coverage Start Date: _____ End Date: _____

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 so we can determine if waiting periods for your Delta Dental plan can be waived. 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 insureds 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
Bank Account: ☐ Checking ☐ Savings

Routing Number:_____
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 27th of each month. *BANK also applies to Savings and Loan.

CREDIT CARD INFORMATION

Credit Card: ☐ Monthly ☐ Annually **Credit Card Type:** ☐ Visa ☐ MasterCard ☐ Discover

Credit Card Number:_____Expiration Date (MM/YYYY):_____CVV:_____

Credit Card Holder's Name: _____

_____ _____

Signature of Credit Card Holder Date

Your first premium payment will be processed when your application is submitted. Subsequent drafts are processed on the 27th of each month. (Example: February premium will be drafted on January 27th.)

CORRESPONDENCE

NOTICE: All correspondence regarding this plan will be sent electronically to the email address listed on the front of this application unless applicant requests to be contacted via mail.	☐ Opt OUT of electronic correspondence

POLICY EFFECTIVE DATE

The Delta Dental policy effective date is always the 1st of the month. Applications can be submitted through mail or online at www.deltadentalcoversmysmile.com/s/SOAR. This application must be received by Delta Dental of Arkansas by the 25th of the month prior to the effective date (example: received by January 25th to be effective February 1st). Applications received after the 25th of the month will be made effective on the 1st of the following month (example: received January 26th, will be effective March 1st).

AUTHORIZATION

I authorize dentists, dental office personnel and other health care professionals and entities to disclose to Delta Dental of Arkansas, its agents and employees (including, without limitation, its claims and customer service personnel) all information necessary to determine (1) eligibility for coverage and (2) covered benefits. This authorization is made for each individual to be enrolled or affected by this change. The authorization is valid for the term of coverage for the purpose of collecting information in connection with claims for benefits. The applicant or the applicant's authorized representative is entitled to receive a copy of the authorization form.

Applicant's Signature: _____ Date:_____

Signature of Parent/Legal Guardian: _____ Date:_____

(if policy is for a minor only)

City in which application was signed:_____, Arkansas

CERTIFICATION

I understand that I will not have benefits for basic and major restorative services (depending on my selected plan) during the first 6 months after the issue date, including for a disease or physical condition which I now have or have had in the past, unless I supply Delta Dental of Arkansas with certification of creditable coverage.

I certify that any information supplied by me on this form is accurate to the best of my knowledge. Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fine and confinement in prison. Statements made in this application are representations not warranties.

_____ _____

Applicant Signature Date

To be completed by sales representative ONLY if applicable

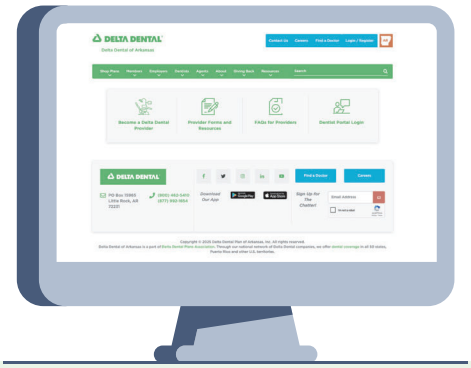
Agent's Name: _____ Agency's Name: Arkansas Health First

Agency NPN#: 19299106 Telephone Number: (888) 224-5233

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 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

DELTA DENTAL®

DeltaDentalAR.com