



Dental & Dental Plus Vision

Insurance Policies
For individuals and families



**Arkansas
BlueCross BlueShield**

An Independent Licensee of the Blue Cross and Blue Shield Association

arkansasbluecross.com

good for
you.

Affordable dental and vision coverage that is ... good for you!



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 that give you something to smile about.

Our DentalBlue® insurance policies for individuals and families offer a variety of valuable benefits that are good for your health, good for your budget ... good for you.

From essential preventive care to major restorative services, DentalBlue plans offer affordable choices for every age — from 1 to 100.

There are three individual DentalBlue plans from which to choose. (See chart on next page for coverage amounts, deductibles, rates and other information.)

1. With our **DentalBlue BronzeSM** plan, you'll find basic, preventive care such as initial and periodic exams, prophylaxis (teeth cleaning), fluoride treatments, X-rays and sealants.
2. **DentalBlue SilverSM** covers preventive services and adds minor restorative services such as:
 - Fillings
 - Endodontics (root canals)
 - Oral surgery
 - Extractions
 - Periodontics (treatment for gum diseases)

3. Our **DentalBlue GoldSM** plan covers preventive services, minor restorative services and builds in major restorative services, including:

- Inlays, onlays
- Crowns, bridges
- Partials and dentures
- Implants
- Plus, there's no exclusion for missing teeth

An annual maximum rollover benefit with our DentalBlue Gold plan allows you to "roll over" a portion of your unused benefit-year maximum to the next year.

With the rollover 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 DentalBlue Gold, the rollover benefit is available to each 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 member, which can provide even more protection for those unexpected dental bills.

Dental Plus Vision Plan

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

- Reduces your out-of-pocket, eye-care costs with paid-in-full eye exams
- 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 DentalBlue Plans you have:

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

DentalBlue Plans	BRONZE	SILVER	GOLD
Individual Deductible	\$50	\$50	\$50
Benefit-Year Maximum	\$1,000	\$1,000	\$1,000
Annual Maximum Rollover	No	No	Yes
What the plan pays after your deductible is met			
Preventive & Diagnostic	100%	100%	100%
Minor Restorative Services	Not covered	80%	80%
Major Restorative Services	Not covered	Not covered	50%
Implants	Not covered	Not covered	50%
Waiting periods			
Minor Restorative Services	Not applicable	6 months*	6 months*
Major Restorative Services	Not applicable	Not applicable	12 months
Monthly rates			
Individual	\$17.77	\$21.68	\$28.83
Individual + Spouse	\$35.54	\$45.97	\$61.13
Individual + Child(ren)	\$34.46	\$44.97	\$59.80
Family	\$52.23	\$67.95	\$90.36

Learn about
DentalBlue
Gold Plus
Vision on pg. 4

* The six-month waiting period for Minor Restorative Services for DentalBlue Silver or DentalBlue Gold will be waived if:

1. Your DentalBlue application is received within 30 days of the termination date of your prior coverage;
2. You have had at least six months of prior continuous coverage for minor restorative benefits; and
3. You provide us with a copy of your Certificate of Coverage verifying your previous dental coverage within 30 days of your DentalBlue effective date.

To be eligible for a DentalBlue insurance policy, you must be an Arkansas resident. Other eligibility rules may apply.



In addition to all of the DentalBlue Gold benefits, with DentalBlue 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 multi-focal lenses after a \$25 copayment
Frames	
Collection Frames¹	
• 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

DentalBlue Gold Plus Vision Monthly Rates	
Individual	\$ 34.36
Individual and Spouse	\$ 71.13
Individual and Child(ren)	\$ 70.32
Individual, Spouse and Child(ren)	\$106.98

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).





**Support for
your total
health**

... with dental and vision coverage

You'll find affordable dental and vision coverage at Arkansas Blue Cross to compliment your health insurance. Your agent can 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 your agent today to find out more.

Important Information:

Dependent children who turn age 26 – and divorced dependents – may continue their coverage by completing a new DentalBlue application within 30 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 DentalBlue 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: 64-311 (DentalBlue Bronze), 64-312 (DentalBlue Silver), and 64-313 (DentalBlue Gold) 17-278 (Vision).

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.

Waiting Periods:

Some DentalBlue 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 and 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; intentional self-inflicted injuries; 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 through age 18) are limited to two per benefit year; bitewing X-rays, one occurrence of two, 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 are limited to one per each three-year period; 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 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.



**Arkansas
BlueCross BlueShield**
An Independent Licensee of the Blue Cross and Blue Shield Association