

Delta Dental of Tennessee's Individual & Family Plans



See the Difference

Set your sights on good health with Delta Dental and DeltaVision® plans for families and individuals

 **DELTA DENTAL®**

Your dentist can detect signs and symptoms of more than 120 diseases, including diabetes and cancer.

Little, James W., Falace, Donald A., Miller, Craig S., & Rhodus, Nelson L. (2008).

Dental Management of the Medically Compromised Patient (7th ed.). St. Louis, MO: Mosby Elsevier.

Network Access

Delta Dental is the leading dental benefits carrier in the United States, providing unparalleled expertise and a host of additional oral health resources.

□ Save on having services provided by in-network dentists.

Access Delta Dental PPOSM network nationwide.

This is access to our greatest discounts available at more than 72% of dental offices in Tennessee. With more than 108,800 dentists nationwide, our network probably includes your dentist.² You also have access to care when traveling through our national networks.



Each in-network dentist goes through a credentialing process to ensure they meet Delta Dental's high standards.

No waiting periods or deductibles for preventive care.

And, all other service benefits increase after the first year.

Online account management.

See your available benefits online, any time, using our Consumer Toolkit or the **Delta Dental mobile app**.

NOTE: *Certain limitations apply. See the Schedule of Benefits for complete details.*

²Delta Dental participating network count, July 2018

Save Money

Delta Dental of Tennessee's Individual & Family Plans cover your annual preventive care — 100%.

This means there is no out-of-pocket cost when visiting a Delta Dental PPOSM dentist for your annual exams and cleanings.

Diagnostic & Preventive services are excluded from your deductible when using Delta Dental's PPO providers — routine cleanings **do not** apply to your deductible or annual max. That helps your benefits stretch as wide as your smile.



You also have the advantage of our negotiated rates with network dentists. The **fees charged by in-network dentists are pre-established** by Delta Dental, meaning less out-of-pocket costs for you.

Your annual benefits grow.

With continued enrollment, your annual maximum benefit increases after the first year!



When do my benefits start?

Enjoy your benefits after your effective date — the first day of the month following receipt of application, \$25 application fee, and initial premium if received on or before the 15th of the month. If received after the 15th, effective date will be the first day of the following month.



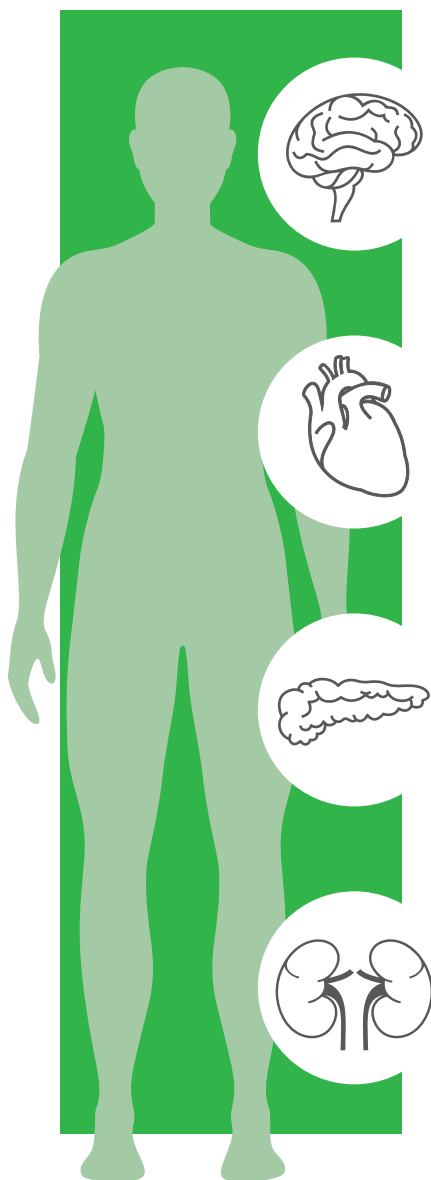
**Smiles should be covered,
not hidden. Enroll today!**

Visit **CoverYourMouth.com**

Call **1-855-844-0445**

Did you know? People with good oral and vision health are more likely to report good overall health.

Good health starts with regular visits to your dental and vision care providers



Brain • Periodontal disease may increase the risk of stroke. Research has shown that harmful bacteria in the mouth can make a person susceptible to blood clots, increasing the risk for stroke. Also, tumors can cause swelling of the brain. A doctor can detect changes to the optic nerve caused by that swelling before it becomes dangerous.

Heart • Inflammation of blood vessels at the back of the eye can be a sign of potential high blood pressure, and high cholesterol is often diagnosed first by an eye care provider. Also, periodontal disease may increase the risk of cardiovascular disease and fatal heart attacks. In fact, those suffering from gum disease are almost twice as likely to suffer from heart disease as those with healthy gums.

Pancreas • Blood at the back of the eyes is one of the first indicators of diabetes. During an eye exam, diabetes is often detected well before someone would have had a blood test to check for the same problem. Diabetics are also at greater risk for periodontal disease. Periodontal disease may disrupt the control of blood sugars, which can increase the likelihood of serious complications such as heart and lung disease.

Kidneys and joints • Autoimmune diseases like rheumatoid arthritis can cause inflammation in the joints and the eyes. Inflammation of organs like the kidneys can result from bacteria that enter the body through the mouth. With poor oral and vision care, infections can progress faster and lead to a higher risk of kidney disease.

Our providers deliver quality care that focuses on your health and overall wellness.

[NIDCR.NIH.gov/health-info/gum-disease/more-info](https://www.nidcr.nih.gov/health-info/gum-disease/more-info)

[ADHA.org/resources-docs/72210_Oral_Health_Fast_Facts_&_Stats.pdf](https://www.adha.org/resources-docs/72210_Oral_Health_Fast_Facts_&_Stats.pdf)

[Perio.org/consumer/gum-disease.htm](https://www.perio.org/consumer/gum-disease.htm)

[MedicalNewsToday.com/releases/221159.php](https://www.medicalnewstoday.com/releases/221159.php)

[MedicalNewsToday.com/articles/200132.php](https://www.medicalnewstoday.com/articles/200132.php)

[Perio.org/consumer/gum-disease-and-heart-disease](https://www.perio.org/consumer/gum-disease-and-heart-disease)

[Health.Harvard.edu/heart-health/treating-gum-disease-save-your-smile-help-your-heart](https://www.health.harvard.edu/heart-health/treating-gum-disease-save-your-smile-help-your-heart)

[TheHeartFoundation.org/2017/05/26/gum-disease-and-the-heart/](https://www.theheartfoundation.org/2017/05/26/gum-disease-and-the-heart/)

[Perio.org/consumer/other-systemic-diseases](https://www.perio.org/consumer/other-systemic-diseases)

[Perio.org/consumer/gum-disease-and-diabetes.htm](https://www.perio.org/consumer/gum-disease-and-diabetes.htm)

[Perio.org/consumer/kidney-disease](https://www.perio.org/consumer/kidney-disease)

[MedicalNewsToday.com/articles/306724.php](https://www.medicalnewstoday.com/articles/306724.php)

Delta Dental of Tennessee's Individual & Family Plans are designed to help maintain good oral health while also balancing your budget. Now, as part of Delta Dental's premium plans, you can add DeltaVision® in partnership with VSP® to your coverage.

We've designed these plans to meet a variety of needs and budgets. See which one is best for you:

Essential Advantage®

- All plans cover preventive and diagnostic treatments at 100% when visiting a dentist in our Delta Dental PPO network (coverage is 80% when visiting a dentist not in the network).
- Other levels of treatments are covered at lower co-pay amounts, starting at 25%[‡] in the first year and building to 80%[‡] in year 3.

Superior Advantage®

- A higher level of protection with higher co-pays for more treatments. Best of all, the annual maximum increases over your enrollment period, up to \$1,500 in year 4.

Brighter Advantage®

- The most coverage for treatments plus cosmetic benefits — for just a few dollars more, receive benefits such as whitening, veneers, and even orthodontia!



Introducing DeltaVision® Delta Dental has partnered with vision powerhouse VSP to provide DeltaVision®. Now you can enjoy the benefits of comprehensive vision care by adding DeltaVision® to your dental plan in one convenient place. DeltaVision® offers the same quality coverage, exceptional service, and unparalleled networks you've come to expect from Delta Dental, making it an easy addition to your healthcare network.

Who is eligible? Membership is open to all Tennessee adult residents and their dependents. If you have been covered by a Delta Dental of Tennessee individual policy and drop your coverage, you cannot re-enroll for 12 months.

[‡]Co-pay amounts when visiting an in-network dentist.
Co-pays are less when visiting non-network dentists.

Plan Benefit & Cost Comparison

Which plan works best for your budget? Whether you're looking for lowest cost or highest annual max, we've got you covered!

| | | Essential Advantage® | | |
|--|--|---|--------|------------|
| Yearly Benefits Increase | | YEAR 1 | YEAR 2 | YEAR 3 (+) |
| Maximum Benefits per contract year | | \$500 | \$750 | \$1,000 |
| Deductible per contract year; applies to all services except Delta Dental PPO Diagnostic & Preventive Services | | \$50 / \$150 per person / per family max | | |

| Service Benefits Increase | | YEAR 1 | YEAR 2 | YEAR 3 (+) |
|--|--|---|----------------|----------------|
| Diagnostic & Prevention Services Exams ¹ , Cleanings ¹ , Fluoride, Space Maintainers; Brush Biopsy; X-rays; Periodontal Maintenance | | ▲ 100% Delta Dental Dentist ■ 80% Out-of-network Dentist | | |
| Basic Services Emergency Palliative Treatment, Sealants, Minor Restorative (Fillings), Simple Extractions, Other Basic Services, Adjustments & Repairs | | ▲ 25% ■ 10% | ▲ 50% ■ 25% | ▲ 80% ■ 40% |
| Major Services Crown Repair, Endodontic & Periodontic Services, Other Oral Surgery, Major Restorative Services, Relines & Rebase, Implants, Prosthodontic Services | | ▲ 10% ■ 10% | ▲ 25% ■ 10% | |

| | | |
|----------------------|-----------------------------------|----------|
| Orthodontia Braces | Not Included | |
| Low Monthly Premiums | Individual | \$22.93* |
| | Individual & 1 Dependent | \$42.99* |
| | Individual & 2 or More Dependents | \$79.31* |

| DeltaVision® in partnership with VSP* | | DeltaVision Plan I-150 | |
|--|--|-----------------------------------|---------|
| DeltaVision® plans are tailored to match the level of benefits provided by our Essential Advantage, Superior Advantage and Brighter Advantage plans and are not interchangeable. Turn the page to see what a DeltaVision® plan can do for you. | | Individual | \$8.14 |
| | | Individual & 1 Dependent | \$16.28 |
| | | Individual & 2 or More Dependents | \$26.21 |

NOTE: Certain limitations apply. See the Schedule of Benefits for complete details.
*Limited to two per person in a 12-month period. Persons with certain medical conditions may be eligible for more.
See the Schedule of Benefits for this policy for a comprehensive explanation of services covered and not covered.

▲ Delta Dental PPOSM / In-Network Dentists

■ Out-of-network Dentists

| Superior Advantage [®] | | | | Brighter Advantage [®] | | | |
|---|---------|---------|------------|---|---------|---------|------------|
| YEAR 1 | YEAR 2 | YEAR 3 | YEAR 4 (+) | YEAR 1 | YEAR 2 | YEAR 3 | YEAR 4 (+) |
| \$500 | \$1,000 | \$1,250 | \$1,500 | \$750 | \$1,000 | \$1,250 | \$1,500 |
| \$50 / \$150 per person / per family max | | | | \$50 / \$150 per person / per family max | | | |

| YEAR 1 | YEAR 2 | YEAR 3 | YEAR 4 (+) | YEAR 1 | YEAR 2 | YEAR 3 | YEAR 4 (+) |
|---|----------------|--------|------------|---|--|--------|------------|
| ▲ 100% Delta Dental Dentist ■ 80% Out-of-network Dentist | | | | ▲ 100% Delta Dental Dentist ■ 80% Out-of-network Dentist | | | |
| ▲ 50% ■ 40% | ▲ 80% ■ 60% | | | ▲ 50% ■ 40% | ▲ 80% ■ 60% | | |
| ▲ 25% ■ 10% | ▲ 50% ■ 40% | | | ▲ 25% ■ 10% plus Whitening & Veneers | ▲ 50% ■ 40% plus Whitening & Veneers | | |
| Not Included | | | | Not Included | ▲ 50% / ■ 40% | | |
| | | | | | | | |
| Individual | | | \$34.13* | Individual | | | \$37.47* |
| Individual & 1 Dependent | | | \$64.32* | Individual & 1 Dependent | | | \$71.35* |
| Individual & 2 or More Dependents | | | \$100.92* | Individual & 2 or More Dependents | | | \$122.40* |
| | | | | | | | |
| DeltaVision Plan I-150 | | | | DeltaVision Plan I-175 | | | |
| Individual | | | \$8.14 | Individual | | | \$11.73 |
| Individual & 1 Dependent | | | \$16.28 | Individual & 1 Dependent | | | \$23.46 |
| Individual & 2 or More Dependents | | | \$26.21 | Individual & 2 or More Dependents | | | \$37.77 |

Find out more at CoverYourMouth.com

Vision Benefit & Cost Comparison

With DeltaVision® and VSP's partnership, you have the freedom to choose the provider that's right for you. Select from 91,000 access points, including the largest national network of independent doctors and over 5,000 retail chain locations. For added convenience, 91% of DeltaVision® doctors offer early morning, evening, and weekend appointments, and 24-hour access to emergency care.

| | |
|---|---|
| WellVision Exam | |
| Exams <i>Once every 12 months</i> | Comprehensive eye exam to ensure overall visual wellness |
| Prescription Glasses | |
| Frames <i>Once every 12 months</i> | Allowance for wide selection of frames Savings on amount over allowance Costco frame allowance |
| Lenses <i>Once every 12 months</i> | Single vision, lined bifocal and lined trifocal lenses |
| Covered Lens Enhancements <i>Once every 12 months</i> | Polycarbonate lenses for children Standard Progressive lenses Standard Anti-Reflective Coating <i>(available with DeltaVision® Plan I-175 only)</i> |
| Optional Lens Enhancements <i>Average savings of 20-25% on other lens enhancements</i> | Premium Progressive lenses Custom Progressive Lenses Tints/Photochromic Adaptive Lenses Scratch Resistant Coating |
| Contact Lenses - Instead of Glasses | |
| Contacts <i>Once every 12 months</i> | Allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) |
| Extra Savings | |
| Featured Frames | Allowance on featured frame brands. Check vsp.com for current offers |
| Your Out-of-Network Providers Allowances | |
| <div><div><ul style="list-style-type: none">• Exam - up to \$45• Frame - up to \$70• Single Vision Lenses - up to \$30</div><div><ul style="list-style-type: none">• Lined Bifocal Lenses - up to \$50• Lined Trifocal Lenses - up to \$65• Lenticular Lenses - up to \$100</div></div> | |

Value-Packed Plans You get a fully covered WellVision Exam (after copay), and an average savings of 20-25% off the most popular lens enhancements through VSP Doctors and Participating Retail Chain locations. You'll also have access to the widest selection of eyewear at the lowest out-of-pocket cost.

| | |
|---|---|
| DeltaVision® Plan I-150 Available exclusively with Essential Advantage and Superior Advantage | DeltaVision® Plan I-175 Available exclusively with Brighter Advantage |
| \$10 Copay | \$10 Copay |
| ✓ | ✓ |
| \$20 Copay | \$10 Copay |
| Included in Prescription Glasses Copay \$150 allowance 20% savings \$80 allowance | Included in Prescription Glasses Copay \$175 allowance 20% savings \$95 allowance |
| Included in Prescription Glasses Copay | Included in Prescription Glasses Copay |
| \$0 | \$0 |
| Copay Ranges \$95 - \$105 \$150 - \$175 \$15 - \$17 \$17 | Copay Ranges \$95 - \$105 \$150 - \$175 \$15 - \$17 \$17 |
| \$150 allowance up to \$60 | \$175 allowance up to \$60 |
| \$170 | \$195 |
| <ul style="list-style-type: none">• Progressive Lenses - up to \$50• Contacts - up to \$105• Necessary Contact Lenses - up to \$210 | |

DeltaVision's vision care solutions put you first – no hassles, no excuses.

Delta Dental has partnered with VSP* to offer DeltaVision®.

Best Benefits, Biggest Network

With VSP, you have the freedom to choose the provider that's right for you. Select from 91,000 access points, including the largest national network of independent doctors and over 5,000 retail chain locations. For added convenience, 91% of doctors offer early morning, evening, and weekend appointments, and 24-hour access to emergency care.



Value-Packed Plans

You get a fully covered WellVision Exam (after copay), and an average savings of 20-25% off the most popular lens enhancements through VSP Doctors and Participating Retail Chain locations. You'll also have access to the widest selection of eyewear at the lowest out-of-pocket cost.

- DeltaVision's comprehensive vision care solutions double as preventive medicine.
- Lowest out-of-pocket costs
- Enjoy great every day savings on eye exams and glasses.



Award-Winning Service

You will have access to VSP's award-winning customer service team seven days a week.

*VSP is the national leader in vision and eye care benefits offering vision insurance and plans for individuals and businesses. DeltaVision® in partnership with VSP is exclusively available as part of Delta Dental's individual and family plans.

Subscriber Information

Name: _____ Birth Date: _____
 Address: _____ SSN: _____
 City: _____ Phone: _____
 St: _____ Zip: _____ Email: _____

Dependents to be covered (if any)

| Name | Birth Date (MM/DD/YYYY) | Relation (Spouse or Child) |
|-------|-------------------------|----------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

| Monthly Premiums* | Essential Advantage* | Superior Advantage* | Add On DeltaVision* | Brighter Advantage* | Add On DeltaVision* |
|-----------------------------------|----------------------|---------------------|---------------------|---------------------|---------------------|
| Subscriber only | \$22.93 | \$34.13 | \$8.14 | \$37.47 | \$11.73 |
| Subscriber + 1 dependent | \$42.99 | \$64.32 | \$16.28 | \$71.35 | \$23.46 |
| Subscriber + 2 or more dependents | \$79.31 | \$100.92 | \$26.21 | \$122.40 | \$37.77 |

Advantage Plan rates include a monthly transaction fee of \$2.50. You will be charged a \$25 application fee at enrollment.

Method of Payment (Select One)

Select your Advantage® plan ☐ **Essential** ☐ **Superior** ☐ **Brighter** ☐ **Add On DeltaVision®**

☐ Monthly Credit Card: ☐ Visa ☐ MasterCard CC#: _____

Exp. Date (MM/YY): _____

☐ Monthly Bank Draft: Bank Name: _____
 Account #: _____
 Routing #: _____

Certification and Agreement

The information contained in this application is true, complete and accurate. It is understood that the rates, terms, and conditions of any contract issued by Delta Dental of Tennessee shall be based on the information in this application. If any information or representation is not true, complete or accurate, Delta Dental of Tennessee may adjust the rates, terms or conditions and/or cancel any contract. You certify that you are applying for this policy in the State of Tennessee. This application shall become a part of the contract issued by Delta Dental of Tennessee. It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines, and denial of coverage.

Individual hereby agrees that if Delta Dental of Tennessee accepts this application and issues a signed contract, the Individual shall be bound by the terms and conditions of said contract. Individual agrees to pay the premiums defined in the contract in accordance with the terms of the contract. Individual also recognizes that this contract may only be modified by written document issued by Delta Dental of Tennessee as defined in the contract.

Printed Name: _____ Date (MM/DD/YY): _____

Signature: _____

Referred by (if any): _____ Broker Name (if any): _____

Mail completed application to: **Delta Dental of Tennessee, Attn: Member Services
240 Venture Circle, Nashville, TN 37228**

Ensuring Healthy Smiles and Clear Vision for All Tennesseans

Delta Dental of Tennessee's Individual & Family Plans are designed to help maintain good oral health while also balancing your budget. Now, you can add comprehensive vision care to your coverage with DeltaVision® administered by VSP!



**Transforming lives.
Transforming communities.
One smile at a time.**

Delta Dental of Tennessee also supports children's hospitals, free and reduced-cost clinics, and the state's two dental colleges, through the Smile180 Foundation.

Smile180.org

Get Affordable Dental & Vision Coverage. Enroll Today!

Visit **CoverYourMouth.com**

Call **1-855-844-0445**

