

DentalVision

For solid, affordable
protection from the
costs of dental and
vision care



**Farm Bureau
HEALTH PLANS**
Tennessee

DentalVision

Looking for protection from the costs of dental and eye care? Round out your existing health care plan with solid dental and vision coverage bundled in one convenient package.

Farm Bureau Health Plans now offers DentalVision, a combined dental and vision plan geared to people under 65 years old at rates less than \$1.75 per person per day.

See how DentalVision can complete your health care coverage.

DentalVision **Dental Benefits**



Dental Benefits						
	0-12 Months		13-24 Months		25+ Months	
	PPO	Non-PPO	PPO	Non-PPO	PPO	Non-PPO
Maximum Payment per person per year	\$500		\$1,000		\$1,500	
Deductible (excludes diagnostic and preventive and orthodontic) per person per year	\$50/\$150		\$50/\$150		\$50/\$150	
Diagnostic and Preventive:						
Diagnostic and Preventive Services: Exams, cleanings, x-rays fluoride and space maintainers	100%	80%	100%	80%	100%	80%
Covered Services:						
Emergency Palliative Treatment - To temporarily relieve pain	50%	40%	80%	60%	80%	60%
Sealants						
Brush Biopsy - To detect oral cancer						
Minor Restorative Services - Simple extractions, fillings, stainless steel crowns and crown repair						
Endodontic Services - Root canals	25%	10%	25%	10%	50%	40%
Periodontic Services - To treat gum disease						
Oral Surgery Services - Complex extractions and surgical services						
Major Restorative Services - Major crowns, cast restorations, veneers						
Prosthodontic Services - Fixed bridges, partial or complete dentures, bridge repair						
Relines and Rebase - To partial or complete dentures						
Implants						
Bleaching/Whitening	25%	10%	25%	10%	50%	40%
Ortho (all ages)	0%	0%	50%	40%	50%	40%
Ortho Lifetime Maximum	N/A		\$1,000		\$1,000	

Deductible is per person per calendar year up to \$150 maximum for family coverage.

Benefits levels are based upon number of months specific member is enrolled in coverage.

When services are received from a non-participating dentist, the percentages in this column indicate the portion of Delta Dental's PPO Dentist Schedule (or the non-participating dentist fee) that will be paid for those services. This amount may be less than what the dentist charges or Delta Dental approves and the member will be responsible for that difference.

Your Coverage With a VSP Provider			
Vision Benefits	Description	Copay	Frequency
WellVision Exam	<ul style="list-style-type: none">• Focuses on eyes and overall wellness• KidsCare: Children have two, fully covered WellVision Exams, if needed	\$15	Every calendar year
Prescription Glasses		\$35	See frames and lenses
Frame	<ul style="list-style-type: none">• \$150 allowance for a wide selection of frames• \$170 allowance for featured frame brands• 20% savings on the amount over allowance• KidsCare: Frames for children are covered every calendar year	Included in prescription glasses copay	Every other calendar year
Lenses	<ul style="list-style-type: none">• Single vision, lined bifocal and lined trifocal lenses• Polycarbonate lenses for dependent children• KidsCare: Additional lenses for children are fully covered when needed. Minimum prescription change required	Included in prescription glasses copay	Every calendar year
Lens Enhancements	<ul style="list-style-type: none">• Standard progressive lenses• Premium progressive lenses• Custom progressive lenses• Average savings of 20%-25% on other lens enhancements	Covered in full \$95-\$105 \$150-\$175	Every calendar year
Contacts (instead of glasses)	<ul style="list-style-type: none">• \$150 allowance for contacts; copay does not apply• Contact lens exam (fitting and evaluation)	Up to \$60	Every calendar year
Diabetic Eyecare Plus Program	<ul style="list-style-type: none">• Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details.	\$20	As needed
Extra Services	Glasses and Sunglasses Extra \$20 to spend on featured frame brands. Go to vsp.com/specialoffers for details 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of last WellVision Exam		
	Retinal Screening No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam		
	Laser Vision Correction <ul style="list-style-type: none">• Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities		
VSP Provider Network: VSP Choice			

Your Coverage With Out-of-Network Providers

Exam	Up to \$45
Frames	Up to \$70
Contacts	Up to \$105
Lenses	Lined Trifocal Up to \$65
	Progressive Up to \$50
	Single Vision Up to \$30
	Lined Bifocal Up to \$50

Walmart:

While not a full participating provider within this plan, Walmart will file a claim for vision benefits on a member's behalf and accept assignment (payment) from VSP. The use of Walmart's eye care center may not result in the maximization of benefit in all cases. It will come close, offering a potential convenience for a member. When using Walmart as a provider, please ask the eye care associate for expected costs when the benefits are utilized.

Visit vsp.com for details about providers other than a VSP network provider. VSP guarantees coverage from VSP network providers only. Coverage information is subject to change. In the event of a conflict between this information and the DentalVision contract, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location.



Plan on us For your protection and peace of mind.

Comprehensive health care protection goes beyond medical coverage. Farm Bureau Health Plans recognizes that your total physical and financial well-being requires dental and vision coverage as well.

Our DentalVision plan provides the dental and vision coverage you need at a low, bundled-plan rate.

Monthly Rates

Individual subscriber: \$41.75

Subscriber plus additional person: \$78.50

Family (3 or more people): \$131.00

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