

dental and vision plans

for AVMA LIFE members and their staff

AVMA | **LIFE**
Veterinarian Inspired Coverage

 **DELTA DENTAL**[®]

Administered by Delta Dental of Illinois

A dental and vision plan is a great way to support your oral and eye health, as well as your overall well-being. Purchasing a dental or vision plan doesn't have to be complicated. Learn why enrolling in an AVMA LIFE dental or vision plan is a smart choice.

WHY DO I NEED A DENTAL OR VISION PLAN?

Even if you're generally healthy with few or no cavities or vision problems, it pays to have a dental or vision plan. Here's why:

Better overall health. People with good oral health are more likely to report having good overall health. Individuals with dental benefits are 31 percent more likely to visit the dentist at least once a year compared to those without dental benefits.¹ And, people who see their dentist at least once a year are more likely to report good oral health. In turn, those who give their oral health an "A" grade are more likely to rate their overall well-being as excellent.²

The link between good oral and overall health isn't surprising – with an oral exam, dentists can detect signs and symptoms of more than 120 diseases, including heart disease and diabetes.² Early detection and treatment of these conditions typically makes them easier and less costly to manage and can even be life-saving.



75%
OF AMERICANS
WEAR VISION
CORRECTION.⁴

Vision wellness also plays an important role in overall health and well-being. Annual eye exams can reveal vision-related problems such as cataracts and glaucoma, as well as general health conditions like diabetes and hypertension.³ Early detection and treatment of vision disorders and related health conditions can lead to better overall health and lower out-of-pocket costs for you.

Cost savings. You'll receive special group rates negotiated by Delta Dental. In addition, you will save the most by visiting an in-network dentist or vision provider. The fees charged by in-network dentists are pre-established by Delta Dental of Illinois and you'll never be billed the difference between the dentist's regular fee and the fee established by Delta Dental of Illinois. In addition, most Delta Dental plans cover preventive benefits such as exams and dental cleanings at little to no out-of-pocket cost to you.

The DeltaVision* plan also offers lower copayments when you visit network vision providers.

Access to expertise. As the nation's leading dental benefits carrier, Delta Dental covers 3 out of every 4 Americans with dental insurance and provides unparalleled expertise, offers one of the largest networks of credentialed dentists and hosts an array of oral health resources. A variety of vision resources are also available to members through EyeMed, Delta Dental of Illinois' vision partner.*

¹Delta Dental of Illinois 2017 Adult Oral Health Survey.

²Steven L. Bricker, Robert P. Langlais, and Craig S. Miller, Oral Diagnosis, Oral Medicine and Treatment Planning (Philadelphia: Lea & Febiger, 1994)

³Thompson Media Inc. Employee Benefit News

⁴Jobson's Optical Research Vision Watch Data

*DeltaVision is provided by ProTec Insurance Company, a wholly-owned subsidiary of Delta Dental of Illinois, in association with EyeMed Vision Care networks.

WHY CHOOSE DELTA DENTAL OF ILLINOIS?

Delta Dental of Illinois is one of 39 member companies that make up the Delta Dental system. Delta Dental member companies cover more than one third of all Americans with dental insurance and Delta Dental of Illinois covers more than 2 million people across the country.

Delta Dental of Illinois' focus is caring for smiles like yours. Delta Dental of Illinois provides access to one of the largest dental networks in the country and offers comprehensive dental coverage to meet your needs.

Good oral health starts with good dental coverage. Your smile is a powerful thing and it's safe with Delta Dental of Illinois.

In an effort to ensure that every member enjoys a healthy smile, Delta Dental of Illinois remains committed to:

- Expanding access to oral health care
- Leveraging more than 50 years of dental benefits expertise to provide access to the highest quality care
- Providing dependable service and quickly responding to customers' needs
- Ensuring access to the most extensive network of dentists in the country
- Keeping dental benefits affordable through unique cost-control measures
- Offering all the innovation, service and multi-state networks of a national dental benefits carrier
- Understanding the unique oral health challenges and needs of your community
- Utilizing tools and technology to maximize efficiency
- Advancing oral health by giving back to the community

DENTAL AND VISION PLANS FOR AVMA LIFE MEMBERS

Through partnership with AVMA LIFE Trust, you can enjoy one of two flexible, comprehensive dental plans as well as a DeltaVision plan for your eye health needs.

The Delta Dental PPOSM Plus Delta Dental Premier[®] – High Plan and Delta Dental PPOSM Plus Delta Dental Premier[®] – Low Plan both cover preventive services at 100 percent, such as exams and cleanings. Both plans also cover basic restorative services at 80 percent, such as fillings, with no waiting period. The Delta Dental PPO Plus Delta Dental Premier – High Plan also covers major restorative services, such as crowns and orthodontia, at 50 percent (waiting periods apply to major services and orthodontia). Whether you need preventive and basic services or major services and orthodontia, Delta Dental of Illinois has a plan to meet your dental care needs.

The DeltaVision Complete Vision Program covers a yearly exam with a \$10 copay and helps cover the cost of eyewear, such as glasses or contact lenses. Members also receive additional discounts on eyewear if they exceed the provided allowance. With a DeltaVision plan, members save money on their vision care needs.

Delta Dental of Illinois makes it easy for you to find a network dental or vision provider. With 3 out of 4 dentists participating in the Delta Dental network nationwide – no matter where you live, you have access to a network dentist. Every Delta Dental network dentist also goes through a strict credentialing process, so you can be sure you're receiving quality care. In addition, DeltaVision provides members with a choice from thousands of independent providers, top optical retailers and online options for all of their vision needs.

With more than 152,000 dentists nationwide and over 356,000 office locations across the U.S., you can be sure a participating network dentist is available in your area. DeltaVision, in association with EyeMed Vision Care networks, also gives you access to more than 65,000 vision care providers nationwide, including optometrists, ophthalmologists and opticians. Use the Provider Search tool at deltadentalil.com to find out if your dentist and vision care provider is in-network.



**3 OUT OF 4 DENTISTS
PARTICIPATE IN THE
DELTA DENTAL NETWORK
NATIONWIDE**

AVMA LIFE

Delta Dental PPOSM Plus Delta Dental Premier[®] – High Plan

EFFECTIVE DATE JANUARY 1, 2018 HIGH PLAN 7, BENEFIT SUMMARY	DELTA DENTAL PPO SM NETWORK DENTIST	DELTA DENTAL PREMIER [®] NETWORK DENTIST	NON-NETWORK DENTIST
Coverage A: Diagnostic & Preventive (no waiting period)			
Routine exams twice per benefit year	100%	100%	100%
Emergency exams and palliative treatment	100%	100%	100%
Bitewing X-rays twice per benefit year	100%	100%	100%
Full-mouth X-rays every three years	100%	100%	100%
Dental prophylaxis twice per benefit year	100%	100%	100%
Fluoride treatments once per benefit year (to age 19)	100%	100%	100%
Space maintainers once per lifetime (to age 14)	100%	100%	100%
Deductible Applies	No	No	No
Coverage B: Basic Restorative (no waiting period)			
Sealants (to age 16)	80%	80%	80%
Amalgam and composite resin (anterior) fillings	80%	80%	80%
Posterior composites (tooth colored fillings on back teeth)	80%	80%	80%
Non-surgical periodontics	80%	80%	80%
Surgical periodontics	80%	80%	80%
Endodontics	80%	80%	80%
Oral surgery - simple extractions	80%	80%	80%
Oral surgery - surgical extractions including general anesthesia	80%	80%	80%
Deductible Applies	Yes	Yes	Yes
Coverage C: Major Restorative (6 month waiting period)			
Dental implants	50%	50%	50%
Cast restorations – crowns, onlays, post and core	50%	50%	50%
Prosthodontics – bridges, partial dentures and complete dentures	50%	50%	50%
Repair, reline, rebate and adjustments to dentures	50%	50%	50%
Deductible Applies	Yes	Yes	Yes
Coverage D: Orthodontia (12 month waiting period)			
Treatment of necessary for proper alignment of teeth	50%	50%	50%
Deductible Applies	No	No	No
Deductible			
Individual	\$50	\$50	\$50
Family	\$150	\$150	\$150
Annual Maximum			
Dependent children eligible to age 26	\$1,500	\$1,500	\$1,500
Full-time students eligible to age 26			
Orthodontia Lifetime Maximum			
Dependent children eligible to age 19			
Full-time students eligible to age 19	\$1,000	\$1,000	\$1,000
Adults are eligible for coverage			
Reimbursement Method			
	PPO Fees*	MPA**	MDR 75***

*Delta Dental PPO dentists accept payment based on the lesser of the submitted fee or the PPO fee schedule, which is established at a level that typically delivers a 15-40% discount of average billed charges nationally.

** Delta Dental Premier dentists accept payment based on the lesser of the submitted fee or Delta Dental's maximum plan allowance (MPA), which is established at a level that typically delivers a 5-15% discount of average billed charges nationally.

*** Non-network (non-Delta Dental Premier) dentists are reimbursed at the 75th MDR.

Delta Dental PPO and Premier dentists cannot balance bill the enrollee for the difference between Delta Dental's allowed fee and the dentist's submitted charge.

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Delta Dental PPOSM Plus Delta Dental Premier[®] – High Plan (cont.)

EFFECTIVE DATE JANUARY 1, 2018 HIGH PLAN 7, BENEFIT SUMMARY	
Enhanced Benefits Program	
Provides additional cleanings and/or applications of topical fluoride to people with specific health conditions that put them at risk for oral health disease. The costs of the additional cleanings and fluoride treatments will be applied to an enrollee's annual maximum.	Included
To GoSM Carryover Benefit	
Allows enrollees to carryover qualified unused portions of their annual maximum, up to \$500 , from one year to the next.	Included

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Delta Dental PPOSM Plus Delta Dental Premier[®] – Low Plan

EFFECTIVE DATE JANUARY 1, 2018 LOW PLAN 9, BENEFIT SUMMARY	DELTA DENTAL PPO SM NETWORK DENTIST	DELTA DENTAL PREMIER [®] NETWORK DENTIST	NON-NETWORK DENTIST
Coverage A: Diagnostic & Preventive (no waiting period)			
Routine exams twice per benefit year	100%	100%	100%
Emergency exams and palliative treatment	100%	100%	100%
Bitewing X-rays twice per benefit year	100%	100%	100%
Full-mouth X-rays every three years	100%	100%	100%
Dental prophylaxis twice per benefit year	100%	100%	100%
Fluoride treatments once per benefit year (to age 19)	100%	100%	100%
Space maintainers once per lifetime (to age 14)	100%	100%	100%
Deductible Applies	No	No	No
Coverage B: Basic Restorative (no waiting period)			
Sealants (to age 16)	80%	80%	80%
Amalgam and composite resin (anterior) fillings	80%	80%	80%
Posterior composites (tooth colored fillings on back teeth)	80%	80%	80%
Non-surgical periodontics	80%	80%	80%
Surgical periodontics	80%	80%	80%
Endodontics	80%	80%	80%
Oral surgery - simple extractions	80%	80%	80%
Oral surgery - surgical extractions including general anesthesia	80%	80%	80%
Deductible Applies	Yes	Yes	Yes
Coverage C: Major Restorative (no waiting period)			
	Not Included	Not Included	Not Included
Coverage D: Orthodontia (no waiting period)			
Treatment of necessary for proper alignment of teeth	Not Included	Not Included	Not Included
Deductible			
Individual	\$50	\$50	\$50
Family	\$150	\$150	\$150
Annual Maximum			
Dependent children eligible to age 26	\$1,000	\$1,000	\$1,000
Full-time students eligible to age 26			
Reimbursement Method			
	PPO Fees*	PPO Fees**	PPO Fees**
Enhanced Benefits Program			
Provides additional cleanings and/or applications of topical fluoride to people with specific health conditions that put them at risk for oral health disease. The costs of the additional cleanings and fluoride treatments will be applied to an enrollee's annual maximum.		Included	

*Delta Dental PPO dentists accept payment based on the lesser of the submitted fee or the PPO fee schedule, which is established at a level that typically delivers a 15-40% discount off of average billed charges nationally.
 **Non-network dentists (non Delta Dental PPO and non Delta Dental Premier) can charge the difference between their usual fee and the Delta Dental PPO allowed fee. Delta Dental Premier dentists can charge the difference between the Delta Dental Premier allowance and the Delta Dental PPO allowed fee.

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DeltaVision[®] Complete Vision Program

VISION CARE SERVICES	SELECT NETWORK IN-NETWORK MEMBER COST	OUT-OF-NETWORK ALLOWANCE
Exam with Dilation as Necessary:	\$10 Copay	\$35
Contact Lens Fit & Follow-up:	100%	100%
(Available once a comprehensive eye exam has been completed)		
Standard*	\$0 copay, Paid-in-full fit and two follow-up visits	\$40
Premium**	\$0 copay, 10% off retail price, then apply \$40 allowance	\$40
Frames:		
(Any available frame at provider location)		
	\$130 allowance, 20% off balance over allowance	\$65
Standard Plastic Lenses:		
Single Vision	\$25 copay	\$25
Bifocal	\$25 copay	\$40
Trifocal	\$25 copay	\$55
Standard Progressive (in addition to lens)	\$65 copay	\$40
Premium Progressive (in addition to lens)	\$65, 20% off retail price, then apply \$120 allowance	\$40
Lens Options:		
UV Treatment	\$15	N/A
Tint (Solid and Gradient)	\$15	N/A
Standard Plastic Scratch Coating	\$15	N/A
Standard Polycarbonate	\$40	N/A
Standard Anti-Reflective Coating	\$45	N/A
Other Add-Ons and Services	20% discount off retail price	N/A
Contact Lenses: (Contact lens allowance covers materials only)		
Conventional	\$0 copay, \$100 allowance, 15% off balance over allowance	\$80
Disposable	\$0 copay, \$100 allowance, plus balance over \$100	\$80
Visually Required	\$0 copay, Paid-in-Full	\$200
Frequency:		
Examination	Once every 12 months	
Lenses or Contact Lenses	Once every 12 months	
Frames	Once every 24 months	

* Standard Contact Lens Fitting - spherical clear contact lenses in conventional wear and planned replacement (Examples include, but are not limited to, disposable, frequent replacement, etc.)

** Premium Contact Lens Fitting - all lens designs, materials and specialty fittings, other than Standard Contact Lenses (Examples include toric, multifocal, etc.)

Additional Discounts
 Member will receive a 20% discount at network providers on items not covered by the plan. This discount may not be combined with any other discounts or promotional offers and the discount does not apply to contact lenses or a network provider's professional services. Retail prices may vary by location. Discount will not apply if manufacturer imposes a no-discount policy.

Member will also receive a 40% discount off complete pair eyeglass purchase and a 15% discount off conventional contact lenses once the funded benefit has been used. Discount will not apply if manufacturer imposes a no-discount policy.

After initial purchase, replacement contact lenses may be obtained via the Internet at substantial savings and mailed directly to the member. The contact lens benefit allowance is not applicable to this service.

LASIK or PRK: DeltaVision members can receive a discount of 15% off retail price or 5% off promotional price from contracted providers. Please contact DeltaVision for a current list of LASIK/PRK providers.

**Enrolling in an AVMA LIFE dental or vision plan is easy.
You can enroll in one of three ways:**

1. Contact your AVMA LIFE agent.
2. Visit AVMALIFEplans.com/dental or AVMALIFEplans.com/vision to download and print an application. Fax applications to: 866-817-9009
Attn: Affinity Department
3. Visit AVMALIFEplans.com/dental or AVMALIFEplans.com/vision to download and print an application. Mail applications to:

Pearl Insurance
P.O. Box 3930
Peoria, IL 61612-9806

**For additional information or help enrolling in a plan,
please call 800-621-6360.**

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Veterinarian Inspired Coverage

 **DELTA DENTAL**[®]

Administered by Delta Dental of Illinois