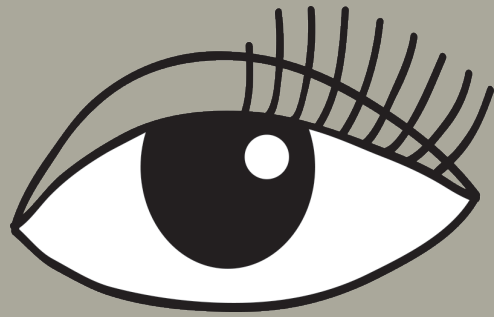
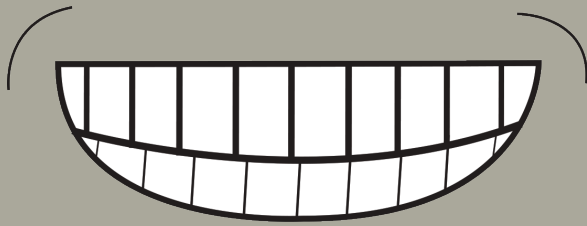


For solid, affordable protection from the costs of dental and vision care



Millions of older Americans rely on Medicare for coverage of health care costs. But there are things that Medicare doesn't cover, including dental and vision care.

That's why Farm Bureau Health Plans is proud to offer DentalVision Silver. Specifically designed for people over 65, DentalVision Silver provides coverage for things Medicare doesn't cover for \$41.75 per month. That's less than \$1.50 a day.

See how DentalVision Silver can complete your health care coverage.



Dental Benefits		
Maximum Payment (per person per year)	\$1,500	
Deductible (per person per year)	\$100	
Diagnostic and Preventive		
	Delta Dental PPO Dentist Plan Pays	Non-Participating Dentist Plan Pays*
Diagnostic and Preventive Services - Exams, cleanings	80%	80%
Emergency Palliative Treatment - To temporarily relieve pain	80%	80%
Brush Biopsy - To detect oral cancer	80%	80%
Radiographs - X-rays	80%	80%
Basic and Major Services		
	Delta Dental PPO Dentist Plan Pays	Non-Participating Dentist Plan Pays*
Minor Restorative Services - Simple extractions, fillings, stainless steel crowns and crown repair	80%	80%
Endodontic Services - Root canals	50%	50%
Periodontic Services - To treat gum disease	50%	50%
Complex Extractions and Surgical Services	50%	50%
Implants	50%	50%
Relines and Rebases - To partial or complete dentures	50%	50%
Prostodontic Services - Fixed bridges, partial or complete dentures, bridge repair	50%	50%
Major Restorative Services - Major crowns, cast restorations, veneers (limited)	50%	50%

- Oral exams and prophylaxes (cleanings) are payable twice per calendar year.
- People with specific at-risk health conditions may be eligible for additional prophylaxes (cleanings). The patient should talk with his or her dentist about treatment.
- Bite-wing x-rays are payable once per calendar year and full mouth x-rays (which include bitewing x-rays) are payable once in any three-year period.

- Implants are payable once per tooth in any five-year period for adults.

Deductible: applies to all dental benefits.

Waiting Period: 180-day waiting period does not apply to diagnostic and preventive services. If you apply within the first six months of your 65th birthday or within six months of enrolling in Medicare Part B, you will not be subject to the 180-day waiting period for all other covered services.

* 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	• Focuses on eyes and overall wellness	\$15	Every calendar year
Prescription Glasses		\$35	See frames and lenses
Frame	• \$100 allowance for a wide selection of frames • \$120 allowance for featured frame brands • 20% savings on the amount over allowance	Included in prescription glasses copay	Every other calendar year
Lenses	• Single vision, lined bifocal and lined trifocal lenses	Included in prescription glasses copay	Every calendar year
Lens Enhancements	• Standard progressive lenses • High-index lenses • Average savings of 20%-25% on other lens enhancements	\$0	Every calendar year
Contacts (instead of glasses)	• \$100 allowance for contacts; copay does not apply • Contact lens exam (fitting and evaluation)	Up to \$60	Every calendar year
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 Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities		
	Low Vision Services <ul style="list-style-type: none"> • Professional services and materials for severe visual problems not corrected with regular lenses • Benefit Maximum for all low vision benefits of \$1,000 every two (2) calendar years • Includes supplemental testing, evaluation, diagnosis and prescription of vision aids where indicated. Covered in full using a network provider. Out-of-network provider maximum benefit up to \$125 • Supplemental aids: Covered at 75% of cost 		

VSP Provider Network: VSP Choice

Your Coverage With Out-of-Network Provider		
Exam		Up to \$45
Frames		Up to \$70
Contacts		Up to \$85
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 Silver 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.

Remember, if you enroll within the first six months of your 65th birthday or within six months of enrolling in Medicare Part B, we will waive your DentalVision Silver waiting period.

Monthly Rate

Individual subscriber: \$41.75

Click, Call or Visit

877-874-8323 | fbhp.com

200+ local offices

Follow us:

