DentalVision

THIS SCHEDULE IS INTENDED TO BE USED TO HELP YOU COMPARE COVERAGE BENEFITS AND IS A SUMMARY ONLY. THE CONTRACT SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS.

Farm Bureau HEALTH PLANS Tennessee

Highlights: *DentalVision, offered through Farm Bureau Health Plans, uses Delta Dental and VSP provider networks. Network payments are based on negotiated fees.*

If an out-of-network provider is used, the member's liability will increase significantly.

DELTA DENTAL®

Dental Benefits	0-12 Months		13-24 Months		25+ Months	
	PPO	Non PPO	PPO	Non PPO	PPO	Non PPO
Maximum Benefit per person per year	$500		$1000		$1500	
Deductible (Excludes Diagnostic & Preventive and Orthodontic) per person per year	$50/$150		$50/$150		$50/$150	
Diagnostic & Preventive:						
Diagnostic & 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, Filings, 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	25%	10%	25%	10%	50%	40%
Bleaching/Whitening	25%	10%	25%	10%	50%	40%
Orthodontics (all ages)	0%	0%	50%	40%	50%	40%
Orthodontics Lifetime Maximum	N/A		$1000		$1000	

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.

Delta Dental of Tennessee Member Services: 1-800-223-3104 • DeltaDentalTN.com

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VSP®

Visit vsp.com or call 800.877.7195 for more details and exclusive savings and promotions for VSP Members

Vision Benefits	Description	Copay	Frequency
Your Coverage with a VSP Provider			
WellVision Exam	• 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
Frames	• $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 up to the plan allowance every calendar year	Included in Prescription Glasses Copay	Every other calendar year
Lenses	• 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	• 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)	• $150 allowance for contacts; copay does not apply • Contact lens exam (fitting and evaluation)	Up to $60	Every calendar year
Diabetic Eyecare Plus Program	• 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 Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities		

Your Coverage with Out-of-Network Providers		
Exams		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.