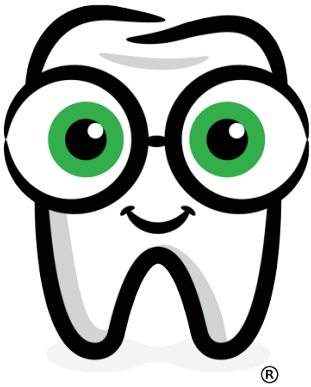
DELTA DENTAL®

Dot your eyes and floss your teeth.

Delta Dental of Tennessee's Individual & Family Plans

Now offering DeltaVision®.



DENTAL® VISION®

More than 90% of all systemic diseases, including diabetes, leukemia, and heart disease, have oral characteristics that can be detected during a routine dental exam.

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 the most when services are provided by in-network dentists.

Access Delta Dental PPO™ network nationwide.
This is access to our greatest discounts available at more than 70% of dental offices in Tennessee. With more than 151,000 dentists nationwide, our network likely 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 secure **Member Portal** or the **Delta Dental mobile app.**

Save Money

Delta Dental of Tennessee's Individual & Family Plans cover your annual preventive care — 100%. This means there is no cost to you when visiting a Delta Dental PPO dentist for your routine preventive care, including annual exams and cleanings.

You also have the advantage of our discounted rates. 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 Your 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.

Reducing Barriers To Care

The leading unmet health care need for millions of U.S. children and adults with a disability is adequate dental care, so Delta Dental of Tennessee is offering a Special Health Care Need Benefit to eligible members beginning January 1, 2024.

What is included in the benefit?

- **Additional visits to the dentist's office** — this may include or be in addition to consultations that can be helpful prior to first treatment to help patients learn what to expect and what is needed for a successful dental appointment.
- **Up to four total dental cleanings in a benefit year**
- **Treatment delivery modifications** — any accommodations necessary for dental staff to provide oral health care for patients with sensory sensitivities, behavioral challenges, severe anxiety, or other barriers to treatment, including the use of anesthesia.

How do I/my spouse/my dependent use this benefit?

Members with a qualifying special health care need should let their dentist know that their Delta Dental plan may include the Special Health Care Needs Benefit and that they have a qualifying special health care need.

To help your dentist better understand the benefit and how to bill Delta Dental for services provided, we suggest you take the "Special Health Care Needs Benefit Provider Instructions" flyer with you to your next visit. You can find the flyer at **DeltaDentalTN.com/SpecialNeeds or by scanning the QR code above.**

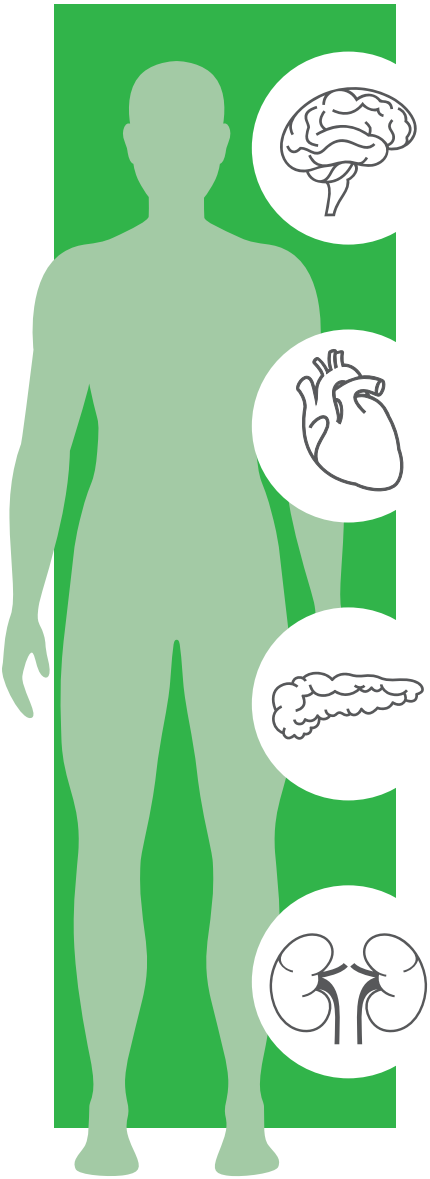
For 6.5 million people in the U.S. with intellectual or developmental disabilities, oral health care can be inaccessible or overwhelming. Delta Dental is changing that.

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

[2]Delta Dental PPO participating network count, September 2026

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
ADHA.org/resources-docs/72210_Oral_Health_Fast_Facts_&_Stats.pdf
Perio.org/consumer/gum-disease.htm
MedicalNewsToday.com/releases/221159.php
MedicalNewsToday.com/articles/200132.php
Perio.org/consumer/gum-disease-and-heart-disease
Health.Harvard.edu/heart-health/treating-gum-disease-save-your-smile-help-your-heart
TheHeartFoundation.org/2017/05/26/gum-disease-and-the-heart/
Perio.org /consumer/other-systemic-diseases
Perio.org/consumer/gum-disease-and-diabetes.htm
Perio.org/consumer/kidney-disease
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. We have 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 of Tennessee 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.

Dental AND Vision? You've got yourself a deal.

Visit **DeltaDentalTN.com**
Call **1-855-844-0445**

+*This is the co-pay amount when you visit an in-network dentist. The amount you pay may be more when visiting non-network dentists.*

Plan Benefit & Cost Comparison

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

	Essential Advantage®		
Yearly Benefits Increase	YEAR 1	YEAR 2	YEAR 3 (+)
Maximum Benefits per person per contract year; applies to all services except for Orthodontics	$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 PPO 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%
Bleaching & Whitening	▲ 25% ■ 10%	▲ 50% ■ 25%	▲ 50% ■ 25%
Major Services Crown Repair, Endodontic & Periodontic Services, Other Oral Surgery, Major Restorative Services, Relines & Rebase, Implants, Prosthodontic Services	▲ 10% ■ 10% plus Veneers	▲ 25% ■ 10% plus Veneers	
Orthodontia Braces for adults and children	Not Included		
Low Monthly Premiums	Individual		**$31.93***
**Premiums include a monthly transaction fee of $2.50.*	Individual & 1 Dependent		**$57.69***
There is a $25 application fee at enrollment. Rates valid through 12/31/27.	Individual & 2 or More Dependents		**$104.31***
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		**$8.38**
	Individual & 1 Dependent		**$16.77**
	Individual & 2 or More Dependents		**$27.00**

NOTE: *Certain limitations apply. See the Schedule of Benefits for complete details.*
[1]*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.*

DENTAL®

▲ **Delta Dental PPO™** / 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 PPO Dentist ■ 80% Out-of-network Dentist				▲ 100% Delta Dental PPO Dentist ■ 80% Out-of-network Dentist			
▲ 50% ■ 40%	▲ 80% ■ 60%			▲ 50% ■ 40%	▲ 80% ■ 60%		
				▲ 25% ■ 10%	▲ 50% ■ 40%		
▲ 25% ■ 10%	▲ 50% ■ 40%			▲ 25% ■ 10% plus Veneers	▲ 50% ■ 40% plus Veneers		
Not Included				Not Included	▲ 50% / ■ 40% Lifetime max $1,000		
Individual			**$43.89***	Individual			**$47.40***
Individual & 1 Dependent			**$83.39***	Individual & 1 Dependent			**$90.88***
Individual & 2 or More Dependents			**$131.35***	Individual & 2 or More Dependents			**$156.41***
DeltaVision Plan I-150				DeltaVision Plan I-175			
Individual			**$8.55**	Individual			**$12.08**
Individual & 1 Dependent			**$17.09**	Individual & 1 Dependent			**$24.16**
Individual & 2 or More Dependents			**$27.52**	Individual & 2 or More Dependents			**$38.90**

Find out more at **DeltaDentalTN.com**

Vision Benefit & Cost Comparison

With DeltaVision® in partnership with VSP, you have the freedom to choose the provider that's right for you. Select from 104,000 access points, including the largest national network of independent doctors and over 22,000 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 *Once every 12 months*	Comprehensive eye exam to ensure overall visual wellness

Prescription Glasses

Frames *Once every 12 months*	Allowance for wide selection of frames Savings on amount over allowance Costco frame allowance
Lenses *Once every 12 months*	Single vision, lined bifocal and lined trifocal lenses
Covered Lens Enhancements *Once every 12 months*	Polycarbonate lenses for children Standard Progressive lenses Standard Anti-Reflective Coating *(available with DeltaVision® Plan I-175 only)*
Optional Lens Enhancements *Average savings of 20-25% on other lens enhancements*	Premium Progressive lenses Custom Progressive Lenses Tints/Photochromic Adaptive Lenses Scratch Resistant Coating

Contact Lenses - Instead of Glasses

Contacts *Once every 12 months*	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

- Exam - up to $45
- Frame - up to $70
- Single Vision Lenses - up to $30
- Lined Bifocal Lenses - up to $50
- Lined Trifocal Lenses - up to $65
- Lenticular Lenses - up to $100

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

- 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®.

VSP Choice Network

Members can choose their independent doctor or their favorite retailer. Our network includes tons of participating retail chains, including:

COHEN'S Fashion Optical

COSTCO OPTICAL

Walmart Save money. Live better.

PEARLE VISION EST. 1961

Rxoptical The people who care for your eyes.

SHOPKO Eyecare Center

sam's club

SVS VISION OPTICAL CENTERS | svsvision.com

Visionworks Why Pay More?

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 of Tennessee's individual and family plans.*

DELTA DENTAL

Delta Dental of Tennessee
Individual & Family Plan Application

Subscriber Information

Name: _____ Birth Date: _____

Address: _____ SSN: _____

City: _____ Phone: _____

St: _____ Zip: _____ Email: _____

(REQUIRED: Application cannot be processed without email.)

Dependents to be covered (if any)

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

Monthly Premiums+	Essential Advantage®	Add On DeltaVision®	Superior Advantage®	Add On DeltaVision®	Brighter Advantage®	Add On DeltaVision®
Subscriber only	$31.93	$8.38	$43.89	$8.55	$47.40	$12.08
Subscriber + 1 dependent	$57.69	$16.77	$83.39	$17.09	$90.88	$24.16
Subscriber + 2 or more dependents	$104.31	$27.00	$131.35	$27.52	$156.41	$38.90

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**
P.O. Box 23470, Nashville, TN 37202

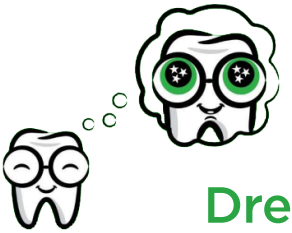
smile180 foundation

by Delta Dental of Tennessee

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

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

Smile180.org



Dental AND Vision? Dreams do come tooth.

Enroll today and ensure your healthy smile.

Visit **DeltaDentalTN.com**

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

DeltaDentalTN.com

@DeltaDentalTN

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