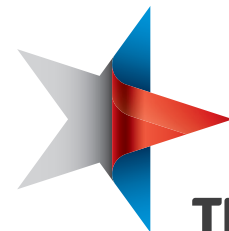


FOR SOLID,
AFFORDABLE
PROTECTION
FROM THE COSTS
OF DENTAL AND
VISION CARE

Dental**Vision**

DentalVision



**TEXAS
FARM
BUREAU®
HEALTH
PLANS**

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

Texas Farm Bureau Health Plans now offers Delta Dental PPO Plus Premier™ network and VSP Choice network for vision, a combined dental and vision plan designed to meet your needs no matter what your age.

See how dental and vision coverage can complete your health care coverage.

DentalVision Dental Benefits



| Dental Benefits | | | | | | |
|---|------------------|-------------------|------------------|-------------------|------------------|-------------------|
| | 0-12 Months | | 13-24 Months | | 25+ Months | |
| | PPO Plus Premier | Non-Participating | PPO Plus Premier | Non-Participating | PPO Plus Premier | Non-Participating |
| 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% |
| Periodontal Maintenance - cleanings following periodontal therapy | | | | | | |
| COVERED SERVICES | | | | | | |
| Emergency Palliative Treatment - to temporarily relieve pain | 50% | 40% | 80% | 60% | 80% | 60% |
| Sealants - to prevent decay of permanent teeth | | | | | | |
| Brush Biopsy - to detect oral cancer | | | | | | |
| Minor Restorative Services - fillings, stainless steel crowns and crown repair | | | | | | |
| Simple Extractions - non-surgical removal of teeth | | | | | | |
| Adjustments and Repairs - to bridges and dentures | | | | | | |
| 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 | | | | | | |
| Implant Repair - implant maintenance, repair, and removal | | | | | | |
| Relines and Rebase - to partial or complete dentures | | | | | | |
| Prosthodontic Services - bridges, implants, and dentures | | | | | | |
| | | | | | | |
| 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 PPO Plus Premier™ 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 Eye Care 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 provider for details. | \$20 | As needed |
| Extra Services | GLASSES AND SUNGLASSES Extra \$20 to spend on featured frame brands. Visit 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. Texas 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: \$60.25

Subscriber plus additional person: \$99.75

Family (3 or more people): \$173.00

Click or Call

877.500.0140* | tfbhp.com

**Monday - Friday
8:00am - 4:30pm*

