

Dental Coverage

DELTA DENTAL®

THAT'LL MAKE YOU SMILE

The Indiana Packers Benefits Plan offers two dental care options. No matter which plan you choose, you'll have access to the Delta Dental of Indiana PPO network of dentists, along with nationwide access to participating dentists in the Delta Dental PPO and Delta Dental Premier networks.

Both plans provide coverage for routine cleanings and exams for covered members once every six months. Additionally, they cover basic and more extensive restorative services.

Plan A Contributions		
Coverage (Delta Dental)	**Employee Contribution (Weekly)**	**Employee Contribution (Monthly)**
Employee-Only	$3.55	$15.38
Employee + Spouse	$7.10	$30.75
Employee + Child(ren)	$8.16	$35.36
Family	$11.07	$47.99

Plan B Contributions		
Coverage (Delta Dental)	**Employee Contribution (Weekly)**	**Employee Contribution (Monthly)**
Employee-Only	$2.00	$8.67
Employee + Spouse	$4.01	$17.37
Employee + Child(ren)	$4.61	$19.97
Family	$6.88	$29.83

BENEFITS OF USING PARTICIPATING DENTAL PROVIDERS

NATIONWIDE PROVIDER ACCESS

- Delta Dental of Indiana PPO
- Delta Dental PPO
- Delta Dental Premier

STRETCHING YOUR BENEFIT DOLLARS

Participating providers submit claims for you.

No balance billing from participating dentists.

Discounted charges for many services.

STAND ALONE BENEFIT

Dental enrollment is NOT tied to medical plan enrollment.

Cover your eligible dependent(s) even if not enrolled in the medical plan.

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BENEFITS				
	Plan A - Premier		Plan B - Value	
Benefits and Services	Delta Dental PPO Dentist	Delta Dental Premier Dentist	Delta Dental PPO Dentist	Delta Dental Premier Dentist
Maximum Annual Benefits - per covered participant	$2,000	$2,000	$1,250	$1,250
Applicable Annual Deductible	$50 Individual/ $100 Family	$50 Individual/ $100 Family	$50 Individual/ $100 Family	$50 Individual/ $100 Family
Preventive Services	100%, up to plan limits	100%, up to plan limits	100%, up to plan limits	100%, up to plan limits
Basic Restorative Services	80%, after applicable deductible	70%, after applicable deductible	80%, after applicable deductible	70%, after applicable deductible
Major Restorative Services	50%, after applicable deductible	40%, after applicable deductible	50%, after applicable deductible	40%, after applicable deductible
Orthodontic Services	50%, after applicable deductible	40%, after applicable deductible	Not Available	Not Available
Maximum Orthodontic Benefit (up to age 19)	$2,500 *Lifetime	$2,500 *Lifetime	Not Available	Not Available

NON-PARTICIPATING (NOT IN PPO OR PREMIER) DENTAL PROVIDERS ADJUSTMENTS	
Diagnostic & Preventive	
Diagnostic & Preventive Services (exams, cleanings, fluoride & space maintainers)	90%
Sealants	90%
Brush Biopsy	90%
Radiographs (x-rays)	90%
Basic Services	
Emergency Palliative Treatment	60%
Minor Restorative Services (fillings)	60%
Endodontic Services (root canals)	60%
Periodontic Services	60%
Oral Surgery Services (extractions and dental surgery)	60%
Other Basic Services	60%
Relines and Repairs (to bridges, implants, and dentures)	60%
Major Services	
Crown Repair (to individual crowns)	30%
Major Restorative Services (crowns)	30%
Prosthodontic Services (bridges, implants, and dentures)	30%
Orthodontic Services	
Braces	30%

Vision Coverage

AFFORDABLE FOR YOUR WHOLE FAMILY

vsp vision care

Vision Insurance for VSP Members

LET'S TALK.
WE'RE HERE TO HELP

Vision insurance is not something we think about every day, so we understand you may have some questions.

Speak with a vision consultant today.
1-800-785-0699



As a VSP member, you have access to comprehensive vision coverage through the VSP network of eye care professionals. Our vision insurance plan includes:

- Annual Eye Exams: Routine eye exams are covered once a year to help you maintain optimal eye health and vision.
- Eyewear Allowance: Receive an allowance for glasses or contact lenses, ensuring you have the flexibility to choose the eyewear that best fits your needs.
- Discounts on Lens Enhancements: Enjoy discounts on lens enhancements such as anti-glare coatings, transition lenses, and progressive lenses.
- Extensive Network: Access a wide network of VSP providers nationwide, making it easy to find a participating eye doctor near you.

Take advantage of these benefits to keep your vision sharp and your eyes healthy!

Vision Coverage

vsp vision care

BENEFITS				
	Plan A - Premier		Plan B - Value	
Benefit and Services	In-Network	Out-of-Network (Plan Pays)	In-Network	Out-of-Network (Plan Pays)
WellVision Exam	$10 copay	Up to $45	$10 copay	Up to $45
Frame Allowance	$250; $270 for featured frame brands (every year)	Up to $70	$200; $220 for featured frame brands (every other year)	Up to $70
Lightcare	$250 (every year)	~	$200 (every other year)	~
Contact Lens Allowance	$250	Up to $105	$200	Up to $105
Kids Care	Additional lenses fully covered, minimum prescription change required	Additional lenses fully covered, minimum prescription change required	Not Available	Not Available

SAFETY GLASSES COVERAGE INCLUDED WITH YOUR CURRENT COVERAGE (Coverage is valid for team members only)		
Safety glasses coverage has a $65 frame allowance and polycarbonate lenses are covered in full.		
Benefit	**VSP Providers** Subject to applicable copay	**Other Providers** Subject to applicable copay
Single Vision Lenses	Covered in Full	Reimbursed up to $30
Lined Bifocal Lenses	Covered in Full	Reimbursed up to $50
Lined Trifocal Lenses	Covered in Full	Reimbursed up to $65
Polycarbonate Lenses	Covered in Full	Reimbursed up to $25

When covered-in-full services are obtained from a VSP Preferred Provider, the patient will have no out-of-pocket expense other than any applicable copays. Services obtained through other providers are subject to the same copayments and limitations. Please refer to rate page.

PLAN A CONTRIBUTIONS		
Vision (VSP)	Plan A - Premier Plan (Weekly)	Plan A - Premier Plan (Monthly)
Employee-Only	$2.61	$11.29
Employee + 1	$4.92	$21.31
Family	$7.73	$33.50

PLAN B CONTRIBUTIONS		
Vision (VSP)	Plan B - Value Plan (Weekly)	Plan B - Value Plan (Monthly)
Employee-Only	$1.45	$6.28
Employee + 1	$2.60	$11.28
Family	$4.01	$17.36