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**Delta Dental PPO**

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**Schedule of Benefits for STATE OF ARKANSAS  
Base Plan**

**Original Effective Date:** January 1, 2013 12:01 a.m. Central Standard Time.

**Amended:** January 1, 2016

**Group Number:** 3570 & 3571

**Annual Deductible:** \$50 for benefits received in

- Coverage B
- Coverage C

With a maximum of \$150 per family, per benefit period.

**Annual Maximum Payment:** \$1,000 per person per benefit period.

**Benefit period:** A benefit period for each eligible participant shall mean a calendar year, the period from January 1<sup>st</sup> to December 31<sup>st</sup> of each year.

**Coverages and Maximum Plan Allowances (MPA)**

<b>Coverage A – Diagnostic and Preventative Services</b>	<b>In Network</b>	<b>100% MPA</b>
	<b>Out of Network</b>	<b>80% MPA</b>

- Routine periodic examinations not more than one (1) in any benefit period, inclusive of an initial oral examination.
- Bitewing and periapical x-rays as required.
- Full-mouth x-rays one (1) in any sixty (60) consecutive month period.
- Prophylaxis (cleaning) not more than one (1) in any benefit period, inclusive of an initial oral examination.
- Topical application of fluoride one (1) per benefit period for dependent children to age nineteen (19).
- Sealants once per tooth on permanent maxillary and mandibular first and second molars with no caries (decay) on the occlusal surface, for dependent children to age sixteen (16).

<b>Coverage B – Basic Restorative Services</b>	<b>In Network</b>	<b>80% MPA</b>
	<b>Out of Network</b>	<b>60% MPA</b>

- Minor emergency treatment for the relief of pain as needed by the participant once on the same date and only payable in conjunction with x-rays and /or diagnostic procedures.
- Space Maintainers for prematurely lost teeth of eligible dependent children to age fourteen (14).
- Simple extractions.

The terms of the contract, along with any amendments or endorsements issued by DDAR, will in all cases be controlling. Should the wording of the policy, along with any amendments or endorsements issued by DDAR conflict with the schedule of benefits, application, the policy, along with any amendments or endorsements issued by DDAR governs.

**Coverage C – Major Restorative Services**

**In Network**

**60% MPA**

**6-Month Wait**

**Out of Network**

**50% MPA**

- Amalgam (silver) and composite/resin (white) fillings (composites are not a covered benefit on molars).
- Crowns, inlays, onlays, and veneers are benefits for the treatment of visible decay and fractures of tooth structure when teeth are so badly damaged they cannot be restored with amalgam or composite restorations.
- Stainless steel crowns used as a restoration to natural teeth for dependent children to age sixteen (16) when the teeth cannot be restored with a filling material.
- Prosthodontics, including procedures for construction of fixed bridges, partial or complete dentures, and repair of fixed bridges.
- Complete or partial denture relines, including chair side or laboratory procedures to improve the fit of the appliance to the tissue.
- Complete or partial denture rebase, including laboratory replacement of the acrylic base of the appliance.
- Surgical periodontics.

***Questions? Contact Delta Dental's Customer Service Department at (800) 462-5410.***

***Delta Dental's network of participating providers may be found on our website at [www.deltadental.com](http://www.deltadental.com)***

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