



Delta Dental PPO Plus Premier

Schedule of Benefits for Benton School District

- a) **Original Effective Date:** 12:01 a.m. Central Standard Time, October 1, 2004
Renewal Date: October 1st, Annually
- b) **Group Number:** 2354
- c) **Deductible:** \$50 for benefits received in Coverage B, Coverage C and Child Orthodontic Rider per person, per benefit period. There is no deductible on Coverage A.
- d) **Annual Maximum Payment:** \$1000 Per Person Per Benefit Period.
- e) **Benefit Period:** A benefit period for each eligible participant shall mean a calendar year, the period from January 1st to December 31st of each year.

Covered Services:

Coverages and Maximum Plan Allowances (MPA)

Coverage A – Diagnostic and Preventative Services

In-Network
100% MPA

- Routine periodic examinations not more than two (2) 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 two (2) in any benefit period. (* Please see Information on Evidence Based Dentistry Below)
- Topical application of fluoride once (1) per benefit period for dependent children to age nineteen (19).
- Sealants once (1) 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).

Coverage B – Basic Restorative Services

In-Network
80% MPA

- Minor emergency treatment for the relief of pain as needed by the participant.
- Amalgam (silver) and composite/resin (white) fillings (composites are not a covered benefit on molars).
- Simple Extractions.
- Space maintainers for prematurely lost teeth of eligible dependent children to age fourteen (14).
- Oral surgery, including pre- and post-operative care and surgical extractions, except TMJ surgery
- 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.

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
50% MPA

12-Month Wait for Late Entrants

- 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.
- Prosthodontics, including procedures for construction of fixed bridges, partial or complete dentures, and repair of fixed bridges.
- Complete or partial denture reline, including chair side or laboratory procedures to improve the fit of the appliance to the tissue.
- Endodontics, including pulpal therapy and root canal filling.
- Complete or partial denture rebase, including laboratory replacement of the acrylic base of the appliance.
- Surgical periodontics.
- Non-surgical periodontics
- Periodontal maintenance; two (2) per benefit period following active periodontal treatment. (* Please see **Information on Evidence Based Dentistry Below**)
- Coverage for an Endosteal Implant to support a crown.

**Child Orthodontic Rider – Orthodontic Services for Dependent Children to Age nineteen (19)
Lifetime Maximum Payment – \$1000**

**Carry Over Benefit Rider
Carry Over Benefit: \$250
Claims Threshold: \$499
Carry Over Benefit Maximum: \$1000**

The benefit allowance for services of an out-of-network dentist will be reduced by 10% for eligible services as determined by Delta Dental after applying the applicable deductibles, co-payments and maximums. This means your out-of-pocket expense may be greater if you choose an out-of-network dentist.

(* DDAR covers additional routine cleanings or periodontal maintenance procedures (up to four per year) for covered members with diabetes, heart disease, who are pregnant or have a history of periodontal disease. The additional benefits may not be combined by those with more than one of the above conditions.

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.

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DELTA DENTAL PLAN OF ARKANSAS
800-462-5410

BENTON SCHOOL DISTRICT #8

TIER	MONTHLY COST	DISTRICT PAID	EMPLOYEE MONTHLY COST
Employee Only	\$26.40	-\$26.40	-0-
Employee + Spouse	\$52.80	-\$26.40	\$26.40
Employee + Children	\$50.16	-\$26.40	\$23.76
Employee + Family	\$86.75	-\$26.40	\$60.35