



Delta Dental PPO *Plus Premier*

Schedule of Benefits for City of Little Rock- Expanded Plan Option

- a) **Original Effective Date:** 12:01 a.m. Central Standard Time, May 1, 1986
Renewal Date: January 1, 2012
- b) **Group Number:** 0288
- c) **Deductible:** \$50 for benefits received in
- Coverage B
 - Coverage C
- with a maximum of \$150 per family, per benefit period.
- d) **Annual Maximum Payment:** \$1,500 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.
- f) **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 thirty-six (36) consecutive month period.
- Prophylaxis (cleaning) not more than two (2) in any benefit period.
*Please see information on Evidence Based Dentistry.
- Topical application of fluoride one (1) per benefit period for dependent children to age nineteen (19)
- Sealants one (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 nineteen (19)

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).
- Endodontics, including pulpal therapy and root canal filling.
- Simple extractions.
- Oral surgery, including pre- and post-operative care and surgical extractions, except TMJ surgery.

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

- Space maintainers for prematurely lost teeth of eligible dependent children sixteen (16) years of age and under.
- 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.
- Non-surgical periodontics
- Periodontal maintenance; two (2) per benefit period following active periodontal treatment.
*Please see information on Evidence Based Dentistry.

Coverage C – Major Restorative Services

In-Network 50% MPA

- 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 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.
- Coverage for an Endosteal Implant to support a crown

- **Rider(s)**

Child Orthodontic Rider – Orthodontic services for dependent children to age nineteen (19).

Lifetime Maximum Payment: \$1,500

In-Network 50% MPA

The initial payment made by DDAR for comprehensive treatment cannot be more than one-third (1/3) of the total fee for treatment. Subsequent payment(s) will be issued on a regular basis for continuing, active orthodontic treatment. Payment(s) will begin the month after the beginning of treatment. Payments are subject to the participants' co-payment percentage and lifetime maximum. Orthodontia is considered a pre-existing condition if treatment begins prior to the date he/she became eligible under this plan.

- **Carryover Benefit Rider**

Carryover Benefit: **\$375**

Claims Threshold: **\$749**

Carryover Benefit Maximum: **\$1,500**

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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