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## Delta Dental Premier

### Schedule of Benefits for Episcopal Diocese of Arkansas

**Original Effective Date:** January 1, 2007 12:01 a.m. Central Standard Time,

Renewal Date: January 1, 2011

**Group Number: 2516**

**Annual Deductible:** \$25 for benefits received in

- Coverage B
- Coverage C
- TMJ Rider
- Child Orthodontic Rider
- Adult Orthodontic Rider

With a family maximum of \$75 per benefit period. There is no deductible on Coverage A.

**Annual Maximum Payment:**

- **\$1,500** per person per benefit period

**Benefit period:** A benefit period for each eligible participant shall mean a 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)

##### **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, inclusive of an initial oral examination. \* **Please see information on Evidence Based Dentistry**
- 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)

##### **Coverage B Basic Restorative Services**

**In Network 85% 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).
- Endodontics, including pulpal therapy and root canal filling.

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.

- 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.
- Surgical periodontics
- Non-surgical periodontics.
- Periodontal maintenance; limited to four (4) per benefit period following active periodontal treatment.\* **Please see information on Evidence Based Dentistry.**

• **Coverage C –Major Restorative Services**

**In Network 85% 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.
- Coverage for an endosteal implant to support a crown.

**Rider(s)**

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

**Lifetime Maximum Payment :\$1,500**

**In Network 85% MPA**

**Adult Orthodontic Rider – Orthodontic services.]**

**Lifetime Maximum Payment \$1,500**

**In Network 85% MPA**

**TMJ Rider –Treatment of temporomandibular joint disorder (TMJ) or craniomandibular disorder**

**In Network 85%MPA**

**Carry Over Benefit Rider**

Carry over benefit: **\$375**

Claims threshold: **\$749**

Carry over 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.

**(\*) Evidence Based Dentistry: DDAR covers additional routine cleanings or periodontal maintenance procedures up to [four-eight] per [benefit period] [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.***

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***Delta Dental's network of participating providers may be found on our website at  
[www.deltadentalar.com]***

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