DELTA DENTAL PLAN OF ARKANSAS, INC.
SCHEDULE A, DIAGNOSTIC AND PREVENTIVE BENEFITS
AND THEIR LIMITATIONS AND EXCLUSIONS

A1.00 DIAGNOSTIC AND PREVENTIVE BENEFITS

Covered at 100%

a) Diagnostic
   Routine periodic and specialty examinations not more than twice
   in any BENEFIT PERIOD. This is inclusive of an initial oral
   examination.
   Bitewing and periapical X-rays as required.
   Full-mouth X-rays once in any three (3) year period.

b) Preventive
   Prophylaxis (cleaning) not more than twice in any BENEFIT
   PERIOD.
   Topical application of fluoride once per BENEFIT PERIOD.
   Sealants once per tooth.

A2.00 LIMITATIONS AND EXCLUSIONS ON DIAGNOSTIC AND PREVENTIVE BENEFITS

a) DDPAR will pay for two (2) oral examinations and cleanings in BENEFIT PERIOD.

b) Diagnostic casts, photographs, and cephalometric films are a benefit only if done for
   orthodontic purposes.

c) DDPAR will pay for full mouth x-rays once within three (3) years. A combination of
   periapical and bitewing x-rays (ten [10] or more films) or a panoramic film and additional
   x-rays make up a full mouth series.

d) A sealant is a benefit only on the unrestored, decay free chewing surface (occlusal
   surface) of the maxillary (upper) and mandibular (lower) first and second molars. 
   Sealants are a benefit for DEPENDENT children under nineteen (19) years of age.
   Sealants are payable once per tooth, once in a five (5) year period.

e) Preventative control programs (oral hygiene instructions, carries susceptibility tests,
   dietary control, tobacco counseling, etc.) are not a benefit.

f) DDPAR will pay for one (1) topical application of fluoride in a BENEFIT PERIOD for
   DEPENDENT children under the age of nineteen (19). Fluoride rinses or self-applied
   fluorides are not a benefit.

g) DDPAR will not pay for adult cleanings for PARTICIPANT(s) under fourteen (14) years
   of age.

h) Pulp vitality tests are payable per visit, not per tooth, and only for the diagnosis of
   emergency conditions.

i) General Limitations and Exclusions found in Article 3 of this CONTRACT also apply to
   Diagnostic and Preventive BENEFITS.
DELTA DENTAL PLAN OF ARKANSAS INC.
SCHEDULE B, BASIC RESTORATIVE BENEFITS
AND THEIR LIMITATIONS AND EXCLUSIONS

B1.00 BASIC RESTORATIVE BENEFITS

Covered at 80%

a) Palliative Emergency TREATMENT
   Minor emergency TREATMENT for the relief of pain as needed by
   the PARTICIPANT.

b) Fillings
   Amalgam (silver) and composite/resin (white) fillings (composites
   are not a covered benefit on molars).

c) Endodontics
   Includes pulpal therapy and root canal filling.

d) Extractions
   Simple extractions.

e) Oral Surgery
   Oral surgery, including pre- and post-operative care and surgical
   extractions, except TMJ surgery.

f) Space Maintainers
   For prematurely lost teeth of eligible DEPENDENT children
   sixteen (16) years of age and under.

g) Non-Surgical Periodontics
   Includes TREATMENT for the disease of the gums and bone
   supporting the teeth.

h) Periodontal Maintenance
   Two (2) per benefit period following active periodontal treatment.

i) 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.

B2.00 LIMITATIONS AND EXCLUSIONS ON BASIC RESTORATIVE BENEFITS

a) Palliative TREATMENT is payable on a per visit basis, once on the same date.

b) Restorative BENEFITS are allowed once per surface per tooth in a twelve (12) month
   period. This is allowed irrespective of the number of combinations of procedures
   requested or performed. Composites on molars are not covered. An amalgam
   allowance will be made for molars with any fee difference the responsibility of the
   patient.

c) Payment for root canal TREATMENT includes charges for temporary restorations. Root
   canal TREATMENT is limited to once in a lifetime, per tooth, by the same DENTIST or
   dental office. Retreatment of root canal by the same DENTIST or dental office will be
   considered after twenty-four (24) months have lapsed since initial treatment. Root canals
   on deciduous teeth are not a benefit, unless there is no permanent successor. Pulpal
   therapy is limited to primary teeth and therapeutic pulpotomy is limited to primary teeth
   once in a lifetime.
d) Extractions, surgical extractions, root removal, alveoplasty, surgical exposure of impacted or unerupted tooth, tooth reimplantation and/or stabilization, transseptal fiberotomy, and oroantral fistula closure are limited to once per lifetime.

e) Charges for general anesthesia/intravenous sedation are not covered except when administered in conjunction with covered oral surgery, excluding single tooth extractions (ADA procedure code 7140) and for children three (3) and under.

f) Analgesia, anxiolysis, inhalation of nitrous oxide, therapeutic drug injection, other drugs and/or medicines, and desensitizing medicines are not covered.

g) Composite resin crowns are not a benefit on primary teeth. A stainless steel crown allowance will be made with any fee difference the responsibility of the patient.

h) A space maintainer is a benefit when used to replace prematurely lost or extracted teeth for children age of sixteen (16) and under, limited to once in a sixty (60) consecutive month period. Recementation of a space maintainer is limited to once in five (5) years. Recementation of a space maintainer within six (6) months of the seating date is part of the original procedure. A space maintainer is not considered an orthodontic appliance.

i) DDPAR will not pay for the replacement of a stainless steel crown within a sixty (60) month period of the initial placement.

j) TREATMENT of complications (post-surgical) or unusual circumstances are a benefit once in three (3) months (i.e., TREATMENT of a dry socket).

k) Non-surgical periodontics will not be provided more often than once in a twenty-four (24)-month period per quadrant.

l) Periodontal maintenance is a benefit twice per BENEFIT PERIOD after three (3) months following active periodontal TREATMENT.

m) General Limitations and Exclusions found in Article 3 of this CONTRACT also apply to Basic Restorative BENEFITS.
DELTA DENTAL PLAN OF ARKANSAS, INC.
SCHEDULE C, MAJOR RESTORATIVE BENEFITS
AND THEIR LIMITATIONS AND EXCLUSIONS

C1.00 MAJOR RESTORATIVE BENEFITS

Covered at 50%

a) Crowns, Inlays, Onlays, and Veneers
   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.

b) Prosthodontics
   Procedures for construction of fixed bridges, partial or complete dentures, and repair of fixed bridges.

c) Complete or Partial Denture Reline
   Chair side or laboratory procedure to improve the fit of the appliance to the tissue (gums).

d) Complete or Partial Denture Rebase
   Laboratory replacement of the acrylic base of the appliance.

e) Surgical Periodontics
   Includes surgical procedures for the disease of the gums and bone supporting the teeth.

C2.00 LIMITATIONS AND EXCLUSIONS ON MAJOR RESTORATIVE BENEFITS

a) DDPAR will not pay to replace any crowns, inlays, onlays, or veneers received in the previous five (5) years. Payment for crowns, inlays, onlays, and veneers shall include charges for preparations of tooth, gingival, and impression.

b) DDPAR will not pay for a crown, inlay, onlay, or veneer on a tooth that can be restored with an amalgam or composite restoration.

c) Porcelain/ceramic or cast crowns for children under twelve (12) years of age are not BENEFITS.

d) Crown repair is limited to once in a two (2) consecutive year period on the same tooth. Crown and fixed partial denture recement is limited to once in twelve (12) consecutive months per tooth. Repairs for bridges and full and partial dentures are limited to once in a five (5) consecutive year period.

e) DDPAR will not pay to replace any fixed bridges or partial or complete dentures that the PARTICIPANT received in the previous five (5) years, except where the loss of additional teeth requires the construction of a new appliance. DDPAR will not pay to replace a bridge or denture unless it cannot be made satisfactory.

f) Recementation of a bridge within six (6) months of the seating date is part of the original procedure.

g) Payment for a partial or complete denture shall include charges for any necessary adjustment within a six (6) month period. Payment for a reline or rebase of a partial or complete denture is limited to once in a three (3) year period. Adjustments made within the first six (6) months after delivery are not covered. Adjustments after the post six (6) months are not covered.
month delivery period are limited to not more than twice in any twelve (12) consecutive month period.

h) A posterior, fixed partial denture and a removable partial denture in the same dental arch is not covered. The benefit is limited to the allowance for the partial, removable denture.

i) Adjustments to complete or partial dentures are limited to two (2) adjustments per denture per twelve (12) months after six (6) months have elapsed since initial placement.

j) DDPAR limits payment for standard dentures to the maximum allowable fee for a standard partial or complete denture. A standard denture means a removable appliance to replace missing natural, permanent teeth. A standard denture is made by conventional means from acceptable materials. If a denture is constructed by specialized techniques and the fee is higher than the fee allowable for a standard denture, the patient is responsible for the difference.

k) DDPAR does not pay for fixed bridges or full or partial dentures for children under sixteen (16) years of age.

l) A fixed bridge where a partial denture is constructed in the same arch is not a covered benefit.

m) Fixed partial denture retainers are a benefit once in any five (5) consecutive month period.

n) Temporary and provisional crowns and partial dentures are not a benefit.

o) Payment for periodontal surgery shall include charges for three (3) months’ post-operative care and any surgical re-entry for a three (3) consecutive year period. Root planing, curettage, and osseous surgery are not a benefit for PARTICIPANT(s) under fourteen (14) years of age.

p) Procedures for purely cosmetic reasons are not BENEFITS.

q) DDPAR will not pay for implants (artificial materials implanted into or on bone or gums) or their removal unless such coverage is purchased and applicable PREMIUMs have been paid. If not, DDPAR may make an allowance for a standard complete or partial denture toward the cost of replacing multiple missing teeth. For single tooth implants, DDPAR may make an allowance for a pontic but not for the place of the implant.

r) Tissue conditioning is limited to two (2) in a three (3) consecutive year period. Tissue conditioning is not a benefit if performed on the same day a denture is delivered or a reline/rebase is provided.

s) General Limitations and Exclusions found in Article 3 of this CONTRACT also apply to Major Restorative BENEFITS.
DELTA DENTAL PLAN OF ARKANSAS, INC.
CHILD ORTHODONTIC BENEFITS RIDER

Covered at 50%

DDPAR will pay BENEFITS for TREATMENT for correction of improperly aligned teeth of an ELIGIBLE DEPENDENT child to age nineteen (19). This is shown on the SCHEDULE OF BENEFITS AND RATES. Orthodontic TREATMENT is the prevention and correction of improperly aligned teeth.

LIMITATIONS AND EXCLUSIONS ON ORTHODONTIC BENEFITS

a) Orthodontic BENEFITS are for eligible PARTICIPANT(s) shown on the APPLICATION.
b) DDPAR shall make regular, quarterly payments for orthodontic BENEFITS.
c) BENEFITS end immediately with loss of eligibility, if TREATMENT stops, or at the end of the CONTRACT.
d) BENEFITS are not paid to repair or replace any orthodontic appliance.
e) Orthodontic BENEFITS are not paid for extractions or other surgeries.
f) General limitations and exclusions found in Article 3 of this CONTRACT also apply to Orthodontic BENEFITS.

ORTHODONTIC PAYMENT

a) The initial payment made by DDPAR for comprehensive TREATMENT can not be more than one-third (1/3) of the total fee for TREATMENT subject to the PARTICIPANT’s co-payment percentage and lifetime maximum.
b) Subsequent payment(s) will be issued on a regular basis for continuing, active orthodontic TREATMENT. Payment(s) will begin in the month following date of start of treatment. PAYMENTs are subject to the PARTICIPANT’s co-payment percentage and lifetime maximum.
c) Orthodontia is considered a PRE-EXISTING CONDITION if TREATMENT is initiated prior to the date he/she became eligible under this plan.
DELTA DENTAL PLAN OF ARKANSAS, INC.
TMJ BENEFITS – FULLY-INSURED GROUPS RIDER

Covered at 50%

Maximum: No separate TMJ maximum; Regular maximum applies
Deductible: No separate TMJ deductible; Regular deductible applies

Coverage A
• TMJ x-rays once in any three-year period.

Coverage C
• Surgical TMJ once in a lifetime, by report, Consultant Review. The following procedures codes are included in surgical TMJ:
  7810 – open reduction of dislocation
  7820 – closed reduction of dislocation
  7830 – manipulation under anesthesia
  7840 – condylectomy
  7850 – surgical discectomy, with/without implant
  7852 – disc repair
  7854 – synovectomy
  7856 – myotomy
  7858 – joint reconstruction
  7860 – arthrotomy
  7865 – arthroplasty
  7870 – arthrocentesis
  7871 – non-arthroscopic lysis and lavage
  7872 – arthroscopy – diagnosis, with or without biopsy
  7873 – arthroscopy – surgical: lavage and lysis of adhesions
  7874 – arthroscopy – surgical: disc reposition and stabilization
  7875 – arthroscopy – surgical: synovectomy
  7876 – arthroscopy – surgical: discectomy
  7877 – arthroscopy – surgical: debridement
  7899 – unspecified TMD therapy

• Non-Surgical TMJ once in a lifetime, by report, Consultant Review. The following procedure code is included in non-surgical TMJ:
  • 7880 – occlusal orthotic device (splint therapy)

Limitations
• No age limit for TMJ; however, TMJ is not a benefit for children with primary teeth unless exceptions are made per consultant review.
• The procedures “synovectomy” or “arthroscopy – surgical: synovectomy” can only be performed once in a lifetime per joint. Patient may elect either one of the procedures or both but only one procedure is allowed per lifetime.
• The procedures “surgical discectomy, with/without implant” or “arthroscopy – surgical: discectomy” can only be performed once in a lifetime per joint. Patient may elect either one of the procedures or both but only one procedure is allowed per lifetime.

If a group elects TMJ coverage, then all Coverage C benefits must be purchased. Coverage C benefits can be purchased without TMJ, but TMJ cannot be purchased without level C benefits. A group has the option to accept or reject the TMJ rider. The group can add the TMJ rider at anytime, but once they add the rider, the group cannot drop it from the coverage level.