



ARKANSAS STATE EMPLOYEES  
BENEFIT ADVISORS

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| State of Arkansas   | Base Plan   |   | Premium Plan  |   | Plan Differences           |                          |
|---|---|---|---|---|----------------------------|--------------------------|
|   | In Network  | Out of Network  | In Network  | Out of Network  |                            |                          |
| Calendar Year Maximum<br>(Preventative, Basic and Major Expenses) | Delta Dental PPO (4 out of 10 dentist in Arkansas)              |   | Delta Dental PPO Plus Premier (9 out of 10 dentist in Arkansas)                           |   | Network Access             |                          |
|   | \$1,000   |   | \$2,000   |   | Annual Maximum             |                          |
| Calendar Year Deductible  | Per Individual  | \$25  | Per Individual  | \$25  |                            |                          |
|   | Per Family  | \$75  | Per Family  | \$75  |                            |                          |
| Preventative and Diagnostic Services                              | 100%  | 80%   | 100%  | 80%   |                            |                          |
|   | No Deductible   | No Deductible   | No Deductible   | No Deductible   |                            |                          |
| Oral exams and Cleanings  | 1 Per Year  | 1 Per Year  | 2 Per Year  | 2 Per Year  | 1 Exam & Cleaning versus 2 |                          |
| X-Rays(Bitewing, Panoramic, Full Mouth)                           | Bitewings- as required, Full mouth - 1 in 60 consecutive months | Bitewings- as required, Full mouth - 1 in 60 consecutive months                           | Bitewings- as required, Full mouth - 1 in 60 consecutive months                           | Bitewings- as required, Full mouth - 1 in 60 consecutive months |                            |                          |
| Fluoride Application  | 1 per year for dep children to age (19)                         | 1 per year for dep children to age (19)   | 1 per year for dep children to age (19)   | 1 per year for dep children to age (19)                         |                            |                          |
| Sealants  | dep children to age (16)  | dep children to age (16)  | dep children to age (16)  | dep children to age (16)  |                            |                          |
| <b>Basic and Major Services- Deductible applies</b>               |   |   |   |   |                            |                          |
| Space Maintainers   | 80%   | 60%   | 80%   | 60%   | Fillings at 60% versus 80% |                          |
| Minor emergency treatment   | 80%   | 60%   | 80%   | 60%   |                            |                          |
| Simple Extractions  | 80%   | 60%   | 80%   | 60%   |                            |                          |
| Fillings  | 60%   | 50%   | 80%   | 60%   |                            |                          |
| Crowns  | 60%   | 50%   | 60%   | 50%   |                            |                          |
| Prosthodontics(Dentures and Bridges)                              | 60%   | 50%   | 60%   | 50%   |                            |                          |
| Surgical Periodontics   | 60%   | 50%   | 60%   | 50%   |                            |                          |
| Oral Surgery  | Not covered   | Not covered   | 60%   | 50%   |                            | Oral Surgery coverage    |
| Non-Surgical Periodontics   | Not covered   | Not covered   | 60%   | 50%   |                            | Non-Surgical Periodontal |
| Periodontal Maintenance   | Not covered   | Not covered   | 60%   | 50%   |                            | Periodontal Maintenance  |
| Endodontics(Root Canal)   | Not covered   | Not covered   | 60%   | 50%   | Endodontics coverage       |                          |
| <b>Riders</b>   |   |   |   |   |                            |                          |
| Child Orthodontia (through age eighteen (18))                     | Not covered   | Not covered   | 60%   | 50%   | Orthodontia coverage       |                          |
| Lifetime Orthodontia Maximum                                      | Not covered   | Not covered   | \$1,000   |   |                            |                          |
| Carryover Benefit 2018*   | Added   | Carryover Benefit: \$250<br>Claims Threshold: \$499<br>Carryover Benefit Maximum: \$1,000 | Carryover Benefit: \$500<br>Claims Threshold: \$999<br>Carryover Benefit Maximum: \$2,000 |   | Carryover Benefit          |                          |
| Other Items<br>Waiting Periods                                    | 6 Month on Major services                                       |   | 6 Month on Major & Orthodontic Services   |   |                            |                          |
| Monthly Rates Guaranteed for 1 Year from 1/1/2023-12/31/2023      |   |   |   |   | Monthly Rate Difference    |                          |
| Employee  | \$  | 20.60   | \$  | 30.72   | \$ 10.12                   |                          |
| Employee + Spouse   | \$  | 41.06   | \$  | 61.22   | \$ 20.16                   |                          |
| Employee + Children   | \$  | 40.12   | \$  | 59.78   | \$ 19.66                   |                          |
| Family  | \$  | 66.48   | \$  | 99.08   | \$ 32.60                   |                          |