ARSEBA
ARKANSAS STATE EMPLOYEES
BENEFIT ADVISORS

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Website: www.arseba.com

For provider search please visit www.deltadentalar.com

DELTA DENTAL

State of Arkansas	Base Plan		Premium Plan		Plan Differences
	In Network	Out of Network	In Network	Out of Network	
	Delta Dental PPO (4 out of 10 dentist in Arkansas)		**Delta Dental PPO Plus Premier (9 out of 10 dentist in Arkansas)**		*Network Access*
Calendar Year Maximum (Preventative, Basic and Major Expenses)	**$1,000**		**$2,000**		*Annual Maximum*
Calendar Year Deductible					
Per Individual	$25		$25		
Per Family	$75		$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)	
Basic and Major Services- Deductible applies					
Space Maintainers	80%	60%	80%	60%	
Minor emergency treatment	80%	60%	80%	60%	
Simple Extractions	80%	60%	80%	60%	
Fillings	60%	50%	80%	60%	*Fillings at 60% versus 80%*
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*
Riders					
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 *Added 2018**	Carryover Benefit: $250 Claims Threshold: $499 Carryover Benefit Maximum: $1,000		Carryover Benefit: $500 Claims Threshold: $999 Carryover Benefit Maximum: $2,000		*Carryover Benefit*
Other Items Waiting Periods	6 Month on Major services		6 Month on Major & Orthodontic Services		
Monthly Rates Guaranteed from 1/1/2026-12/31/2027					*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*