

State: Arkansas **Filing Company:** Delta Dental of Arkansas
TOI/Sub-TOI: H10G Group Health - Dental/H10G.000 Health - Dental
Product Name: GL - AC
Project Name/Number: /

Filing at a Glance

Company: Delta Dental of Arkansas
Product Name: GL - AC
State: Arkansas
TOI: H10G Group Health - Dental
Sub-TOI: H10G.000 Health - Dental
Filing Type: Form
Date Submitted: 09/18/2012
SERFF Tr Num: DDAR-128689890
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num:

Implementation
Date Requested:
Author(s): Sara Farris
Reviewer(s): Rosalind Minor (primary)
Disposition Date: 09/18/2012
Disposition Status: Approved-Closed
Implementation Date:

State Filing Description:

State: Arkansas **Filing Company:** Delta Dental of Arkansas
TOI/Sub-TOI: H10G Group Health - Dental/H10G.000 Health - Dental
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General Information

Project Name: Status of Filing in Domicile:
 Project Number: Date Approved in Domicile:
 Requested Filing Mode: Domicile Status Comments:
 Explanation for Combination/Other: Market Type:
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 Filing Status Changed: 09/18/2012
 State Status Changed: 09/18/2012 Deemer Date:
 Created By: Sara Farris Submitted By: Sara Farris
 Corresponding Filing Tracking Number:

Filing Description:
 A large group is changing its Schedules A-C.

Company and Contact

Filing Contact Information

Sara Farris, sfarris@ddpar.com
 1513 Country Club 501-992-1662 [Phone]
 Sherwood, AR 72120 501-992-1663 [FAX]

Filing Company Information

Delta Dental of Arkansas CoCode: 47155 State of Domicile: Arkansas
 1513 Country Club Rd. Group Code: Company Type:
 Sherwood, AR 72120 Group Name: State ID Number:
 (501) 992-1662 ext. [Phone] FEIN Number: 71-0561140

Filing Fees

Fee Required? Yes
 Fee Amount: \$0.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

Company	Amount	Date Processed	Transaction #
Delta Dental of Arkansas	\$150.00	09/18/2012	62778122

SERFF Tracking #:

DDAR-128689890

State Tracking #:

Company Tracking #:

State: Arkansas

Filing Company: Delta Dental of Arkansas

TOI/Sub-TOI: H10G Group Health - Dental/H10G.000 Health - Dental

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	09/18/2012	09/18/2012

SERFF Tracking #:

DDAR-128689890

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Company Tracking #:

State: Arkansas

Filing Company: Delta Dental of Arkansas

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Disposition

Disposition Date: 09/18/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Form	DDAR-GL-AC-PLUS-12C	Approved-Closed	Yes
Form	DDAR-GL-AC-PLUS-13	Approved-Closed	Yes
Form	DDAR-GL-AC-PPO-12B	Approved-Closed	Yes

SERFF Tracking #:

DDAR-128689890

State Tracking #:

Company Tracking #:

State: Arkansas

Filing Company:

Delta Dental of Arkansas

TOI/Sub-TOI: H10G Group Health - Dental/H10G.000 Health - Dental

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Form Schedule

Lead Form Number:

Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1	Approved-Closed 09/18/2012		SCH	DDAR-GL-AC-PLUS-12C	Initial:	0.000	DDAR-GL-AC-PLUS-12C.pdf
2	Approved-Closed 09/18/2012		SCH	DDAR-GL-AC-PLUS-13	Initial:	0.000	DDAR-GL-AC-PLUS-13.pdf
3	Approved-Closed 09/18/2012		SCH	DDAR-GL-AC-PPO-12B	Initial:	0.000	DDAR-GL-AC-PPO-12B.pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages

**DELTA DENTAL OF ARKANSAS
SCHEDULE A
DIAGNOSTIC AND PREVENTIVE BENEFITS
AND THEIR
LIMITATIONS AND EXCLUSIONS**

GOLDEN LIVING PPO PLUS PREMIER

**A1.00 DIAGNOSTIC AND PREVENTIVE BENEFITS
In Network 80% MPA
Out Of Network 80% MPA**

•	Diagnostic	Routine periodic and specialty examinations not more than two (2) in any BENEFIT PERIOD. This is inclusive of an initial, oral examination.
•	Bitewings	Bitewing x-rays limited to one (1) set of four (4) films in any BENEFIT PERIOD.
•	Vertical Bitewings	Vertical bitewing x-rays limited to one (1) set every three (3) years.
•	Full-mouth X-rays	Full-mouth x-rays one (1) in any thirty six (36) consecutive month period.
•	Cleanings	Prophylaxis (cleaning) not more than two (2) in any BENEFIT PERIOD.
•	Fluoride	Topical application of fluoride one (1) per BENEFIT PERIOD for eligible DEPENDENT children to age sixteen (16).
•	Sealants	Sealants one (1) per tooth in any thirty six (36) consecutive month period.
•	Space Maintainers	For prematurely lost teeth of eligible DEPENDENT children to age fifteen (15).

A2.00 LIMITATIONS AND EXCLUSIONS ON DIAGNOSTIC AND PREVENTIVE BENEFITS

- DDAR will pay for two (2) oral examinations and cleanings in BENEFIT PERIOD.
- DDAR will not pay for adult cleanings for PARTICIPANT(s) to age fourteen (14).
- DDAR will pay for full mouth x-rays one (1) time within any thirty six (36) consecutive month period. A combination of periapical and bitewing x-rays (fourteen or more films) or a panoramic film and additional x-rays make up a full mouth series.
- 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 to age sixteen (16). Sealants are payable one (1) per tooth in any thirty six (36) consecutive month period.
- Preventative control programs (oral hygiene instructions, carries susceptibility tests, dietary control, tobacco counseling, etc.) are not a benefit.
- DDAR will pay for one (1) topical application of fluoride one (1) time in a BENEFIT PERIOD for DEPENDENT children to age sixteen (16). Fluoride rinses or self-applied fluorides are not a benefit.
- A space maintainer is a benefit when used to replace prematurely lost or extracted teeth for children to age fifteen (15). 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.
- General Limitations and Exclusions found in Article 3 of this POLICY also apply to Diagnostic and Preventive BENEFITS.

**DELTA DENTAL OF ARKANSAS
SCHEDULE B
BASIC RESTORATIVE BENEFITS
AND THEIR
LIMITATIONS AND EXCLUSIONS**

B1.00 BASIC RESTORATIVE BENEFITS

In Network 80% MPA

Out Of Network 80% MPA

•	Periapical X-rays	Single films up to thirteen (13) allowed in the same day.
•	Other X-rays	Intra-oral and extra-oral.
•	Palliative Emergency TREATMENT	Minor emergency TREATMENT for the relief of pain as needed by the PARTICIPANT.
•	Fillings	Amalgam (silver) and composite/resin (white) fillings. Composites are not a covered benefit on molars.
•	Extractions	Simple extractions.
•	Biopsy	Brush Biopsy
•	Oral Surgery	Oral surgery, including pre- and post-operative care and surgical extractions, except TMJ surgery and impacted teeth (partially and completely bony).
•	Non-surgical Periodontics	Includes TREATMENT for the disease of the gums and bone supporting the teeth.
•	Surgical Periodontics	Includes TREATMENT for the disease of the gums and bone supporting the teeth excluding osseous surgery and soft tissue grafts.
•	Periodontal Maintenance	Limited to two (2) per BENEFIT PERIOD following active periodontal TREATMENT.
•	Occlusal Adjustment	Other than with an appliance or restoration.
•	Endodontics	Includes pupal therapy but excluding root canal therapy for molars.
•	Office Visit After Hours	As long as no other covered definitive work is performed.
•	Stainless Steel Crown	Used as a restoration to natural teeth when the teeth cannot be restored with a filling material.
•	Recementation	Recement of inlays, crowns and bridges.
•		

B2.00 LIMITATIONS AND EXCLUSIONS ON BASIC RESTORATIVE BENEFITS

- Single film x-rays in the excess of 14 or more on the same date of service are combined and considered a full mouth series and benefited as such.
- Palliative TREATMENT is payable on a per visit basis, once on the same date and only payable in conjunction with x-rays and /or diagnostic procedures.
- 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 one (1) in a lifetime.
- Non-surgical periodontics will not be provided more often than one (1) time in a twenty four (24) consecutive month period per quadrant. Root planning and curettage are not a benefit for PARTICIPANT(s) to age fourteen (14).
- Periodontal maintenance is a benefit after two (2) consecutive months following active periodontal TREATMENT.
- Payment for periodontal surgery (gingivectomy and gingival flap procedures) shall include charges for three (3) months' post-operative care and any surgical re-entry for a thirty-six (36) consecutive month period.
- DDAR will not pay for the replacement of a stainless steel crown within a sixty (60) month period of the initial placement.

- Composite resin crowns are not a benefit on molar teeth. A stainless steel crown allowance will be made with any fee difference the responsibility of the patient.
- Payment for root canal TREATMENT includes charges for temporary restorations. Root canal TREATMENT is limited to one (1) 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) consecutive 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. Root canal therapy is limited to a therapeutic pulpotomy for primary teeth one (1) time in a lifetime.
- Recementation of a fixed bridge or crown within six (6) consecutive months of the seating date is part of the original procedure.
- Occlusal adjustments are not a benefit in conjunction with a restoration or appliance.
- General Limitations and Exclusions found in Article 3 of this POLICY also apply to Basic Restorative BENEFITS.

**DELTA DENTAL OF ARKANSAS
SCHEDULE C
MAJOR RESTORATIVE BENEFITS
AND THEIR
LIMITATIONS AND EXCLUSIONS**

**C1.00 MAJOR RESTORATIVE BENEFITS
In Network 50% MPA
Out Of Network 50%MPA**

•	Occlusal Guard	For bruxism only, limited to one (1) in thirty six (36) month period.
•	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.
•	Endodontics	Limited to root canal therapy for molars.
•	Prosthodontics	Procedures for construction of fixed bridges, partial or complete dentures, and repair of fixed bridges limited to once in a ninety six (96) month period.
•	Complete or Partial Denture Reline	Chair side or laboratory procedure to improve the fit of the appliance to the tissue (gums).
•	Complete or Partial Denture Rebase	Laboratory replacement of the acrylic base of the appliance.
•	Surgical Periodontics	Limited to osseous surgery and soft tissue grafts.
•	Oral Surgery	Limited to removal of impacted teeth (partially and completely bony).
•	General Anesthesia and Intravenous Sedation	Covered in conjunction with a covered surgical procedure.

C2.00 LIMITATIONS AND EXCLUSIONS ON MAJOR RESTORATIVE BENEFITS

- DDAR will not pay to replace any crowns, inlays, onlays, or veneers received in the previous ninety six (96) months. Payment for crowns, inlays, onlays, and veneers shall include charges for preparations of tooth, gingival, and impression.
- DDAR will not pay for a crown, inlay, onlay, or veneer on a tooth that can be restored with an amalgam or composite restoration.
- High Noble Metal crowns will not be benefited but given an allowance of the Noble Metal material. When porcelain, ceramic, or resin crowns are submitted on molar teeth an allowance of a cast restoration will be given.
- Crown repair is a benefit after six (6) months of the initial placement. Repairs for bridges and full and partial dentures are covered after six (6) months of the initial placement.
- Charges for general anesthesia/intravenous sedation are covered only in conjunction with a covered surgical procedure.
- Analgesia, anxiolysis, inhalation of nitrous oxide, therapeutic drug injection, other drugs and/or medicines, and desensitizing medicines are not covered.
- Payment for molar root canal TREATMENT includes charges for temporary restorations. Root canal TREATMENT for molar teeth is limited to one (1) 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) consecutive months have lapsed since initial treatment. Root canals on deciduous teeth are not a benefit, unless there is no permanent successor.
- Payment for osseous surgery shall include charges for three (3) months' post-operative care and any surgical re-entry for a thirty-six (36) consecutive month period.
- Initial placement of full or partial removable dentures, fixed bridges (including crowns and inlays) which form a part thereof to replace a functioning natural tooth or teeth which are missing prior to the effective date of the individuals coverage, will

not be covered unless the prosthetic appliance also includes the replacement of a natural tooth or teeth extracted while coverage was in effect. The extraction of a third molar does not qualify unless the tooth was an abutment to a removable or fixed partial denture.

- DDAR will not pay to replace any fixed bridges or partial or complete dentures that the PARTICIPANT received in the previous ninety six (96) consecutive months, except where the loss of additional teeth requires the construction of a new appliance. DDAR will not pay to replace a bridge or denture unless it cannot be made satisfactory.
- Payment for a partial or complete denture shall include charges for any necessary adjustment within a six (6) consecutive month period. Adjustments made within the first six (6) consecutive month period after delivery are not covered.
- 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.
- DDAR 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.
- DDAR does not pay for fixed bridges or full or partial dentures for children to age sixteen (16).
- A fixed bridge where a partial denture is constructed in the same arch is not a covered benefit.
- Fixed partial denture retainers are a benefit one (1) time in any ninety six (96) consecutive month period.
- Temporary and provisional crowns and dentures are not a benefit except to replace anterior teeth by means of an interim partial.
- Interim partial dentures are only covered to replace anterior teeth. The replacement of an interim partial must occur within 12 months it was installed. If the age of the temporary partial exceeds 12 months, the prosthetic time limit of (96) consecutive months or 8 years will then apply.
- Procedures for purely cosmetic reasons are not BENEFITS.
- Diagnostic casts, photographs, and cephalometric films are a benefit only if done for orthodontic purposes and would be covered under orthodontic benefits.
- Endosteal implants are not a covered benefit.
- Implant removal is not covered.
- Tissue conditioning is limited to two (2) in a thirty-six (36) consecutive month period. Tissue conditioning is not a benefit if performed on the same day a denture is delivered or a reline/rebase is provided.
- General Limitations and Exclusions found in Article 3 of this POLICY also apply to Major Restorative BENEFITS.

**DELTA DENTAL OF ARKANSAS
SCHEDULE A
DIAGNOSTIC AND PREVENTIVE BENEFITS
AND THEIR
LIMITATIONS AND EXCLUSIONS**

GOLDEN LIVING PPO PLUS PREMIER

**A1.00 DIAGNOSTIC AND PREVENTIVE BENEFITS
In Network 100% MPA
Out Of Network 75% MPA**

•	Diagnostic	Routine periodic and specialty examinations not more than two (2) in any BENEFIT PERIOD. This is inclusive of an initial, oral examination.
•	Bitewings	Bitewing x-rays limited to one (1) set of four (4) films in any BENEFIT PERIOD.
•	Vertical Bitewings	Vertical bitewing x-rays limited to one (1) set every three (3) years.
•	Full-mouth X-rays	Full-mouth x-rays one (1) in any thirty six (36) consecutive month period.
•	Cleanings	Prophylaxis (cleaning) not more than two (2) in any BENEFIT PERIOD.
•	Fluoride	Topical application of fluoride one (1) per BENEFIT PERIOD for eligible DEPENDENT children to age sixteen (16).
•	Sealants	Sealants one (1) per tooth in any thirty six (36) consecutive month period.
•	Space Maintainers	For prematurely lost teeth of eligible DEPENDENT children to age fifteen (15).

A2.00 LIMITATIONS AND EXCLUSIONS ON DIAGNOSTIC AND PREVENTIVE BENEFITS

- DDAR will pay for two (2) oral examinations and cleanings in BENEFIT PERIOD.
- DDAR will not pay for adult cleanings for PARTICIPANT(s) to age fourteen (14).
- DDAR will pay for full mouth x-rays one (1) time within any thirty six (36) consecutive month period. A combination of periapical and bitewing x-rays (fourteen or more films) or a panoramic film and additional x-rays make up a full mouth series.
- 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 to age sixteen (16). Sealants are payable one (1) per tooth in any thirty six (36) consecutive month period.
- Preventative control programs (oral hygiene instructions, carries susceptibility tests, dietary control, tobacco counseling, etc.) are not a benefit.
- DDAR will pay for one (1) topical application of fluoride one (1) time in a BENEFIT PERIOD for DEPENDENT children to age sixteen (16). Fluoride rinses or self-applied fluorides are not a benefit.
- A space maintainer is a benefit when used to replace prematurely lost or extracted teeth for children to age fifteen (15). 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.
- General Limitations and Exclusions found in Article 3 of this POLICY also apply to Diagnostic and Preventive BENEFITS.

**DELTA DENTAL OF ARKANSAS
SCHEDULE B
BASIC RESTORATIVE BENEFITS
AND THEIR
LIMITATIONS AND EXCLUSIONS**

**B1.00 BASIC RESTORATIVE BENEFITS
In Network 80% MPA
Out Of Network 55% MPA**

•	Periapical X-rays	Single films up to thirteen (13) allowed in the same day.
•	Other X-rays	Intra-oral and extra-oral.
•	Palliative Emergency TREATMENT	Minor emergency TREATMENT for the relief of pain as needed by the PARTICIPANT.
•	Fillings	Amalgam (silver) and composite/resin (white) fillings. Composites are not a covered benefit on molars.
•	Extractions	Simple extractions.
•	Biopsy	Brush Biopsy
•	Oral Surgery	Oral surgery, including pre- and post-operative care and surgical extractions, except TMJ surgery and impacted teeth (partially and completely bony).
•	Non-surgical Periodontics	Includes TREATMENT for the disease of the gums and bone supporting the teeth.
•	Surgical Periodontics	Includes TREATMENT for the disease of the gums and bone supporting the teeth excluding osseous surgery and soft tissue grafts.
•	Periodontal Maintenance	Limited to two (2) per BENEFIT PERIOD following active periodontal TREATMENT.
•	Occlusal Adjustment	Other than with an appliance or restoration.
•	Endodontics	Includes pupal therapy but excluding root canal therapy for molars.
•	Office Visit After Hours	As long as no other covered definitive work is performed.
•	Stainless Steel Crown	Used as a restoration to natural teeth when the teeth cannot be restored with a filling material.
•	Recementation	Recement of inlays, crowns and bridges.
•		

B2.00 LIMITATIONS AND EXCLUSIONS ON BASIC RESTORATIVE BENEFITS

- Single film x-rays in the excess of 14 or more on the same date of service are combined and considered a full mouth series and benefited as such.
- Palliative TREATMENT is payable on a per visit basis, once on the same date and only payable in conjunction with x-rays and /or diagnostic procedures.
- 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 one (1) in a lifetime.
- Non-surgical periodontics will not be provided more often than one (1) time in a twenty four (24) consecutive month period per quadrant. Root planning and curettage are not a benefit for PARTICIPANT(s) to age fourteen (14).
- Periodontal maintenance is a benefit after two (2) consecutive months following active periodontal TREATMENT.
- Payment for periodontal surgery (gingivectomy and gingival flap procedures) shall include charges for three (3) months' post-operative care and any surgical re-entry for a thirty-six (36) consecutive month period.
- DDAR will not pay for the replacement of a stainless steel crown within a sixty (60) month period of the initial placement.

- Composite resin crowns are not a benefit on molar teeth. A stainless steel crown allowance will be made with any fee difference the responsibility of the patient.
- Payment for root canal TREATMENT includes charges for temporary restorations. Root canal TREATMENT is limited to one (1) 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) consecutive 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. Root canal therapy is limited to a therapeutic pulpotomy for primary teeth one (1) time in a lifetime.
- Recementation of a fixed bridge or crown within six (6) consecutive months of the seating date is part of the original procedure.
- Occlusal adjustments are not a benefit in conjunction with a restoration or appliance.
- General Limitations and Exclusions found in Article 3 of this POLICY also apply to Basic Restorative BENEFITS.

**DELTA DENTAL OF ARKANSAS
SCHEDULE C
MAJOR RESTORATIVE BENEFITS
AND THEIR
LIMITATIONS AND EXCLUSIONS**

**C1.00 MAJOR RESTORATIVE BENEFITS
In Network 50% MPA
Out Of Network 40%MPA**

•	Occlusal Guard	For bruxism only, limited to one (1) in thirty six (36) month period.
•	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.
•	Endodontics	Limited to root canal therapy for molars.
•	Prosthodontics	Procedures for construction of fixed bridges, partial or complete dentures, and repair of fixed bridges limited to once in a ninety six (96) month period.
•	Complete or Partial Denture Reline	Chair side or laboratory procedure to improve the fit of the appliance to the tissue (gums).
•	Complete or Partial Denture Rebase	Laboratory replacement of the acrylic base of the appliance.
•	Surgical Periodontics	Limited to osseous surgery and soft tissue grafts.
•	Oral Surgery	Limited to removal of impacted teeth (partially and completely bony).
•	General Anesthesia and Intravenous Sedation	Covered in conjunction with a covered surgical procedure.

C2.00 LIMITATIONS AND EXCLUSIONS ON MAJOR RESTORATIVE BENEFITS

- DDAR will not pay to replace any crowns, inlays, onlays, or veneers received in the previous ninety six (96) months. Payment for crowns, inlays, onlays, and veneers shall include charges for preparations of tooth, gingival, and impression.
- DDAR will not pay for a crown, inlay, onlay, or veneer on a tooth that can be restored with an amalgam or composite restoration.
- High Noble Metal crowns will not be benefited but given an allowance of the Noble Metal material. When porcelain, ceramic, or resin crowns are submitted on molar teeth an allowance of a cast restoration will be given.
- Crown repair is a benefit after six (6) months of the initial placement. Repairs for bridges and full and partial dentures are covered after six (6) months of the initial placement.
- Charges for general anesthesia/intravenous sedation are covered only in conjunction with a covered surgical procedure.
- Analgesia, anxiolysis, inhalation of nitrous oxide, therapeutic drug injection, other drugs and/or medicines, and desensitizing medicines are not covered.
- Payment for molar root canal TREATMENT includes charges for temporary restorations. Root canal TREATMENT for molar teeth is limited to one (1) 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) consecutive months have lapsed since initial treatment. Root canals on deciduous teeth are not a benefit, unless there is no permanent successor.
- Payment for osseous surgery shall include charges for three (3) months' post-operative care and any surgical re-entry for a thirty-six (36) consecutive month period.
- Initial placement of full or partial removable dentures, fixed bridges (including crowns and inlays) which form a part thereof to replace a functioning natural tooth or teeth which are missing prior to the effective date of the individuals coverage, will

Effective January 1, 2013

not be covered unless the prosthetic appliance also includes the replacement of a natural tooth or teeth extracted while coverage was in effect. The extraction of a third molar does not qualify unless the tooth was an abutment to a removable or fixed partial denture.

- DDAR will not pay to replace any fixed bridges or partial or complete dentures that the PARTICIPANT received in the previous ninety six (96) consecutive months, except where the loss of additional teeth requires the construction of a new appliance. DDAR will not pay to replace a bridge or denture unless it cannot be made satisfactory.
- Payment for a partial or complete denture shall include charges for any necessary adjustment within a six (6) consecutive month period. Adjustments made within the first six (6) consecutive month period after delivery are not covered.
- 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.
- DDAR 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.
- DDAR does not pay for fixed bridges or full or partial dentures for children to age sixteen (16).
- A fixed bridge where a partial denture is constructed in the same arch is not a covered benefit.
- Fixed partial denture retainers are a benefit one (1) time in any ninety six (96) consecutive month period.
- Temporary and provisional crowns and dentures are not a benefit except to replace anterior teeth by means of an interim partial.
- Interim partial dentures are only covered to replace anterior teeth. The replacement of an interim partial must occur within 12 months it was installed. If the age of the temporary partial exceeds 12 months, the prosthetic time limit of (96) consecutive months or 8 years will then apply.
- Procedures for purely cosmetic reasons are not BENEFITS.
- Diagnostic casts, photographs, and cephalometric films are a benefit only if done for orthodontic purposes and would be covered under orthodontic benefits.
- Endosteal implants are not a covered benefit.
- Implant removal is not covered.
- Tissue conditioning is limited to two (2) in a thirty-six (36) consecutive month period. Tissue conditioning is not a benefit if performed on the same day a denture is delivered or a reline/rebase is provided.
- General Limitations and Exclusions found in Article 3 of this POLICY also apply to Major Restorative BENEFITS.

**DELTA DENTAL OF ARKANSAS
SCHEDULE A
DIAGNOSTIC AND PREVENTIVE BENEFITS
AND THEIR
LIMITATIONS AND EXCLUSIONS**

GOLDEN LIVING PPO

**A1.00 DIAGNOSTIC AND PREVENTIVE BENEFITS
PPO In Network 100% MPA
Out Of Network 75% MPA**

•	Diagnostic	Routine periodic and specialty examinations not more than two (2) in any BENEFIT PERIOD. This is inclusive of an initial, oral examination.
•	Bitewings	Bitewing x-rays limited to one (1) set of four (4) films in any BENEFIT PERIOD.
•	Vertical Bitewings	Vertical bitewing x-rays limited to one (1) set every three (3) years.
•	Full-mouth X-rays	Full-mouth x-rays one (1) in any thirty six (36) consecutive month period.
•	Cleanings	Prophylaxis (cleaning) not more than two (2) in any BENEFIT PERIOD.
•	Fluoride	Topical application of fluoride one (1) per BENEFIT PERIOD for eligible DEPENDENT children to age sixteen (16).
•	Sealants	Sealants one (1) per tooth in any thirty six (36) consecutive month period.
•	Space Maintainers	For prematurely lost teeth of eligible DEPENDENT children to age fifteen (15).

A2.00 LIMITATIONS AND EXCLUSIONS ON DIAGNOSTIC AND PREVENTIVE BENEFITS

- DDAR will pay for two (2) oral examinations and cleanings in BENEFIT PERIOD.
- DDAR will not pay for adult cleanings for PARTICIPANT(s) to age fourteen (14).
- DDAR will pay for full mouth x-rays one (1) time within any thirty six (36) consecutive month period. A combination of periapical and bitewing x-rays (fourteen or more films) or a panoramic film and additional x-rays make up a full mouth series.
- 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 to age sixteen (16). Sealants are payable one (1) per tooth in any thirty six (36) consecutive month period.
- Preventative control programs (oral hygiene instructions, carries susceptibility tests, dietary control, tobacco counseling, etc.) are not a benefit.
- DDAR will pay for one (1) topical application of fluoride one (1) time in a BENEFIT PERIOD for DEPENDENT children to age sixteen (16). Fluoride rinses or self-applied fluorides are not a benefit.
- A space maintainer is a benefit when used to replace prematurely lost or extracted teeth for children to age fifteen (15). 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.
- General Limitations and Exclusions found in Article 3 of this POLICY also apply to Diagnostic and Preventive BENEFITS.

Effective January 1, 2012

**DELTA DENTAL OF ARKANSAS
SCHEDULE B
BASIC RESTORATIVE BENEFITS
AND THEIR
LIMITATIONS AND EXCLUSIONS**

**B1.00 BASIC RESTORATIVE BENEFITS
PPO In Network 80% MPA
Out Of Network 55% MPA**

•	Periapical X-rays	Single films up to thirteen (13) allowed in the same day.
•	Other X-rays	Intra-oral and extra-oral.
•	Palliative Emergency TREATMENT	Minor emergency TREATMENT for the relief of pain as needed by the PARTICIPANT.
•	Fillings	Amalgam (silver) and composite/resin (white) fillings. Composites are not a covered benefit on molars.
•	Extractions	Simple extractions.
•	Biopsy	Brush Biopsy
•	Oral Surgery	Oral surgery, including pre- and post-operative care and surgical extractions, except TMJ surgery and impacted teeth (partially and completely bony).
•	Non-surgical Periodontics	Includes TREATMENT for the disease of the gums and bone supporting the teeth.
•	Surgical Periodontics	Includes TREATMENT for the disease of the gums and bone supporting the teeth excluding osseous surgery and soft tissue grafts.
•	Periodontal Maintenance	Limited to two (2) per BENEFIT PERIOD following active periodontal TREATMENT.
•	Occlusal Adjustment	Other than with an appliance or restoration.
•	Endodontics	Includes pupal therapy but excluding root canal therapy for molars.
•	Office Visit After Hours	As long as no other covered definitive work is performed.
•	Stainless Steel Crown	Used as a restoration to natural teeth when the teeth cannot be restored with a filling material.
•	Recementation	Recement of inlays, crowns and bridges.
•		

B2.00 LIMITATIONS AND EXCLUSIONS ON BASIC RESTORATIVE BENEFITS

- Single film x-rays in the excess of 14 or more on the same date of service are combined and considered a full mouth series and benefited as such.
- Palliative TREATMENT is payable on a per visit basis, once on the same date and only payable in conjunction with x-rays and /or diagnostic procedures.
- 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 one (1) in a lifetime.
- Non-surgical periodontics will not be provided more often than one (1) time in a twenty four (24) consecutive month period per quadrant. Root planning and curettage are not a benefit for PARTICIPANT(s) to age fourteen (14).
- Periodontal maintenance is a benefit after two (2) consecutive months following active periodontal TREATMENT.
- Payment for periodontal surgery (gingivectomy and gingival flap procedures) shall include charges for three (3) months' post-operative care and any surgical re-entry for a thirty-six (36) consecutive month period.

Effective January 1, 2012

- DDAR will not pay for the replacement of a stainless steel crown within a sixty (60) month period of the initial placement.
- Composite resin crowns are not a benefit on molar teeth. A stainless steel crown allowance will be made with any fee difference the responsibility of the patient.
- Payment for root canal TREATMENT includes charges for temporary restorations. Root canal TREATMENT is limited to one (1) 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) consecutive 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. Root canal therapy is limited to a therapeutic pulpotomy for primary teeth one (1) time in a lifetime.
- Recementation of a fixed bridge or crown within six (6) consecutive months of the seating date is part of the original procedure.
- Occlusal adjustments are not a benefit in conjunction with a restoration or appliance.
- General Limitations and Exclusions found in Article 3 of this POLICY also apply to Basic Restorative BENEFITS.

Effective January 1, 2012

**DELTA DENTAL OF ARKANSAS
SCHEDULE C
MAJOR RESTORATIVE BENEFITS
AND THEIR
LIMITATIONS AND EXCLUSIONS**

**C1.00 MAJOR RESTORATIVE BENEFITS
PPO In Network 50% MPA
Out Of Network 40%MPA**

•	Occlusal Guard	For bruxism only, limited to one (1) in thirty six (36) month period.
•	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.
•	Endodontics	Limited to root canal therapy for molars.
•	Prosthodontics	Procedures for construction of fixed bridges, partial or complete dentures, and repair of fixed bridges limited to once in a ninety six (96) month period.
•	Complete or Partial Denture Reline	Chair side or laboratory procedure to improve the fit of the appliance to the tissue (gums).
•	Complete or Partial Denture Rebase	Laboratory replacement of the acrylic base of the appliance.
•	Surgical Periodontics	Limited to osseous surgery and soft tissue grafts.
•	Oral Surgery	Limited to removal of impacted teeth (partially and completely bony).
•	General Anesthesia and Intravenous Sedation	Covered in conjunction with a covered surgical procedure.

C2.00 LIMITATIONS AND EXCLUSIONS ON MAJOR RESTORATIVE BENEFITS

- DDAR will not pay to replace any crowns, inlays, onlays, or veneers received in the previous ninety six (96) months. Payment for crowns, inlays, onlays, and veneers shall include charges for preparations of tooth, gingival, and impression.
- DDAR will not pay for a crown, inlay, onlay, or veneer on a tooth that can be restored with an amalgam or composite restoration.
- High Noble Metal crowns will not be benefited but given an allowance of the Noble Metal material. When porcelain, ceramic, or resin crowns are submitted on molar teeth an allowance of a cast restoration will be given.
- Crown repair is a benefit after six (6) months of the initial placement. Repairs for bridges and full and partial dentures are covered after six (6) months of the initial placement.
- Charges for general anesthesia/intravenous sedation are covered only in conjunction with a covered surgical procedure.
- Analgesia, anxiolysis, inhalation of nitrous oxide, therapeutic drug injection, other drugs and/or medicines, and desensitizing medicines are not covered.
- Payment for molar root canal TREATMENT includes charges for temporary restorations. Root canal TREATMENT for molar teeth is limited to one (1) 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) consecutive months have lapsed since initial treatment. Root canals on deciduous teeth are not a benefit, unless there is no permanent successor.
- Payment for osseous surgery shall include charges for three (3) months' post-operative care and any surgical re-entry for a thirty-six (36) consecutive month period.

Effective January 1, 2012

- Initial placement of full or partial removable dentures, fixed bridges (including crowns and inlays) which form a part thereof to replace a functioning natural tooth or teeth which are missing prior to the effective date of the individuals coverage, will not be covered unless the prosthetic appliance also includes the replacement of a natural tooth or teeth extracted while coverage was in effect. The extraction of a third molar does not qualify unless the tooth was an abutment to a removable or fixed partial denture.
- DDAR will not pay to replace any fixed bridges or partial or complete dentures that the PARTICIPANT received in the previous ninety six (96) consecutive months, except where the loss of additional teeth requires the construction of a new appliance. DDAR will not pay to replace a bridge or denture unless it cannot be made satisfactory.
- Payment for a partial or complete denture shall include charges for any necessary adjustment within a six (6) consecutive month period. Adjustments made within the first six (6) consecutive month period after delivery are not covered.
- 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.
- DDAR 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.
- DDAR does not pay for fixed bridges or full or partial dentures for children to age sixteen (16).
- A fixed bridge where a partial denture is constructed in the same arch is not a covered benefit.
- Fixed partial denture retainers are a benefit one (1) time in any ninety six (96) consecutive month period.
- Temporary and provisional crowns and dentures are not a benefit except to replace anterior teeth by means of an interim partial.
- Interim partial dentures are only covered to replace anterior teeth. The replacement of an interim partial must occur within 12 months it was installed. If the age of the temporary partial exceeds 12 months, the prosthetic time limit of (96) consecutive months or 8 years will then apply.
- Procedures for purely cosmetic reasons are not BENEFITS.
- Diagnostic casts, photographs, and cephalometric films are a benefit only if done for orthodontic purposes and would be covered under orthodontic benefits.
- Endosteal implants are not a covered benefit.
- Implant removal is not covered.
- Tissue conditioning is limited to two (2) in a thirty-six (36) consecutive month period. Tissue conditioning is not a benefit if performed on the same day a denture is delivered or a reline/rebase is provided.
- General Limitations and Exclusions found in Article 3 of this POLICY also apply to Major Restorative BENEFITS.

Effective January 1, 2012

SERFF Tracking #:

DDAR-128689890

State Tracking #:

Company Tracking #:

State:

Arkansas

Filing Company:

Delta Dental of Arkansas

TOI/Sub-TOI:

H10G Group Health - Dental/H10G.000 Health - Dental

Product Name:

GL - AC

Project Name/Number:

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Supporting Document Schedules

		Item Status:	Status Date:
Bypassed - Item:	Flesch Certification	Approved-Closed	09/18/2012
Bypass Reason:	n/a		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	09/18/2012
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Comments:			