Delta Dental Plan of Arkansas, Inc.

SCHEDULE OF BENEFITS

The University of Arkansas
Community College at Hope
P.O. Box 140
Hope, AR 71801

Group Number

0862-0000

PROGRAM:

Delta USA Premier

COVERAGE A Preventative Services

@ 100% Maximum Plan Allowance
- Routine periodic exams, twice in any benefit period.
- Routine dental prophylaxis twice in any benefit period. Including cleaning and polishing.
- Topical Fluoride application. One treatment per benefit period for dependent children under age 19.
- Bitewing and periapical x-rays as required.
- Full mouth x-rays once in any three-year period.
- Sealants for eligible children to age 19 for application of sealants on permanent maxillary and mandibular first and second molars with no caries (decay) on the occlusal surface.

COVERAGE B Basic Restorative Services

@ 80% Maximum Plan Allowance
- Minor emergency treatment for the relief of pain as needed by the participant.
- Fillings including amalgam and composite restorations except as noted in limitations.
- Endodontics, including pulpal therapy and root canal filling.
- Non-surgical Periodontics.
- Extractions, simple and surgical.
- Oral Surgery, including pre- and post-operative care.
- Space maintainers to replace prematurely lost teeth of an eligible dependent child to age 16.
- Stainless steel crowns used as restoration to natural teeth for dependent children to age 16, when the teeth cannot be restored with a filling material.

COVERAGE C Major Restorative Services

@ 50% Maximum Plan Allowance
- Prosthetic bridges, partials and dentures.
- Crowns when the teeth cannot be restored with a filling material under coverage B.

COVERAGE D Surgical Periodontics and Orthodontics

@ 50% Maximum Plan Allowance
- Surgical periodontics necessary for the treatment of disease of the gums and bones supporting the teeth.
- Orthodontic treatment for the correction of malposed teeth of an eligible dependent child under the age of nineteen (19).

INDIVIDUAL MAXIMUM

EACH BENEFIT PERIOD: $1,000.00

THE MAXIMUM ORTHODONTIC LIFETIME BENEFIT IS: $1,000.00

DEDUCTIBLE

$50.00 for individual benefits received in Coverage B, C & D with a maximum of $150.00 per family, per benefit period. No deductible on A services.

ELIGIBLE DEPENDENT CHILDREN

Covered to 19th birthday or to 23rd birthday if he or she is a full-time student in an accredited college or university.

BENEFIT PERIOD

A Benefit Period for each eligible participant shall mean the twelve months commencing on the membership effective date, and each yearly period thereafter.

CHOOSING YOUR DENTIST

Under your Delta program, you may choose any licensed dentist. However, it may be to your advantage to choose a Delta dentist. Here’s why:
Most Delta dentists will complete and submit claim forms for you at no charge. Participating dentists agree to accept the Delta Maximum Plan Allowance for covered procedures and will not bill you for any amount over the Maximum Plan Allowance. And because we will pay the provider directly, you don’t have to pay the entire bill and then wait for reimbursement.

If you visit a non-Delta dentist, you may be required to complete the forms yourself or pay a service charge. You may have to pay of the non-Delta dentist in advance for the entire bill and Delta will reimburse you after the claim is submitted. Further, non-Delta dentists have not agreed to accept the Maximum Plan Allowance that Delta will pay, so you will be responsible for paying any difference between the dentists fee charged and the Delta Dental payment. Also, the benefit allowance for services of a nonparticipating dentist will be reduced by 10% for eligible services as determined by DDPAR after applying the applicable deductibles, co-payments and maximums. This means your out-of-pocket expense may be greater if you choose a non-Delta dentist.

This overview contains a general description of your dental care program for your use as a convenient reference. Complete details your program appear in the group contract.

Subscriber Claim Denial / Appeal Procedure

If a claim for benefits is denied in whole or in part, you or your dependents may submit a written request for reconsideration of the claim to the Appeals Coordinator for Delta Dental Plan of Arkansas, Inc., which governs the benefits and operation of your program. The group contract would control if there should be any inconsistency or difference between its provisions and the information in this overview.

PO Box 15965, N. Little Rock, AR 72231

Tel. 501-835-3400, Fax 501-835-9520, Toll Free 800-462-5416

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Group Original Effective Date 8/1/1992
DELTA PREMIER LIMITATIONS & EXCLUSIONS

DeltaPremier Limitations

- Oral examinations and routine prophylaxis not more than twice in any benefit period.
- Full-mouth x-rays are a benefit once in a thirty-six (36) consecutive month period. A panoramic film is considered the same as a full-mouth x-ray series and is paid as such. A panoramic film in conjunction with a complete intra-oral survey is not a separate benefit.
- Topical application of fluoride solutions for dependent children under the age of nineteen (19), once in any benefit period.
- A space maintainer is a benefit when used to replace prematurely lost or extracted teeth for children under the age of sixteen (16), limited to once in a sixty (60) consecutive month period and not for orthodontic purposes.
- Sealants are a benefit for dependent children under the age of nineteen (19), limited to permanent first and second molar teeth free of caries and restorations on the occlusal surfaces. Sealants are a benefit once in a sixty (60) consecutive month period.
- Composites on molars are cosmetic in nature and an amalgam allowance will be made.
- Payment is made for restoring a surface only once within twelve (12) months regardless of the number or combination of restorations placed.
- Surgical and nonsurgical periodontics will not be provided more often than once in a two (2) year period (excluding periodontal prophylaxis, which is once in a six month period) and osseous surgery and soft tissue graft which is once in a three (3) year period.
- Stainless steel crowns are a benefit for persons under the age of sixteen (16) when the tooth cannot be restored with a filling material, and only once per tooth in a sixty (60) consecutive month period.
- Porcelain crowns and porcelain-fused-to-metal or plastic-processed-to-metal type crowns, when the tooth cannot be restored with a filling material, are a benefit once in a sixty (60) consecutive month period for persons age twelve (12) and over.
- Crown repair is limited to once in a twenty-four (24) consecutive month period on the same tooth.
- Fixed bridges and removable partials are benefits only for persons age sixteen (16) and over.
- Prosthodontics: (1) An upper or lower denture is payable once in a sixty (60) consecutive month period; (2) a partial denture, fixed bridge, or removable bridge may not be provided under this Plan for any one patient more often than once in a sixty (60) consecutive month period, except where the loss of additional teeth requires the construction of a new appliance; (3) reline and rebase is a benefit once in any thirty-six (36) consecutive month period for any one patient; (4) adjustments not more than twice in any 12 consecutive months.
- Optional treatment: If a cast chrome or acrylic partial denture will restore the dental arch satisfactorily, payment based on the applicable percentage of the Maximum Plan Allowance for such service will be made toward a more elaborate or precision appliance that dentist and patient may choose to use and the balance of the cost remains the responsibility of the patient. For example, a bridge will be allowed only when a partial will not suffice. If implantology techniques are utilized, DDPAR will allow the cost of a standard complete or partial denture toward the cost of the appliances constructed in association therewith.
- DDPAR’s obligation to provide benefits for covered dental services terminates on the last day of the month in which the patient becomes ineligible for benefits under this Plan. If more than one dentist renders services for a dental procedure, DDPAR shall not be liable for more than the amount it would have been liable had only one dentist rendered the services.
- For purposes of this Plan, said twenty-four (24), thirty-six (36), or sixty (60) consecutive month periods are to be measured from the date on which the service was last rendered or repaired.
- Processing polices, if applied, may limit payment and can be found on each Explanation of Benefits.

DeltaPremier Exclusions

- Benefits or services for injuries or conditions compensable under Worker’s Compensation or Employers’ Liability laws; or benefits or services which are available from any federal or state government agency, or from any municipality, county, or other political subdivision or community agency, or from any foundation or similar entity.
- Charges for services or supplies received as a result of dental disease, defect, or injury due to an act of war, declared or undeclared.
- Charges for services or supplies for which no charge is made that the patient is legally obligated to pay or for which no charge would be made in the absence of dental coverage.
- Charges for treatment by other than a dentist except that a licensed hygienist may perform cleaning, scaling of teeth and topical application of fluoride if treatment is rendered under the supervision and guidance of the dentist, in accordance with generally accepted dental standards.
- Charges for the completion of forms and/or submission of supportive documentation required by DDPAR for a benefit determination. A charge for these services is not to be made to a Delta-covered patient by a Participating Dentist.
- Benefits to correct congenital or developmental malformations.
- Services for the purpose of improving appearance when form and function are satisfactory and there is insufficient pathological condition evident to warrant the treatment (cosmetic dentistry).
- Benefits for services or appliances started prior to the date the patient became eligible under this Plan, including, but not limited to, restorations, prosthodontics, and orthodontics.
- Charges for general anesthesia/IV sedation except when administered in conjunction with covered oral surgery (excluding single tooth extractions & root removal, Codes 7110, 7120 and 7130).
- Services with respect to diagnosis and treatment of disturbances of the temporomandibular joint (TMJ).
- Services for increasing the vertical dimension or for restoring tooth structure lost by attrition, for rebuilding or maintaining occlusal services, or for stabilizing the teeth.
- Experimental procedures.
- Implant techniques and procedures related to implants.
- Charges for replacement of lost, missing, or stolen appliances.
- Charges for services when a claim is received for payment more than twelve (12) months after services are rendered.
- Charges for complete occlusal adjustments and occlusal guards.
- Those services and benefits excluded by the rules and regulations of Delta, including the processing policies.
- Charges for any dental service or supplies that are included as covered medical expenses under the plan of Major Medical or Comprehensive Medical Expense Benefits Plan.
- All other benefits and services not specified in this Summary of Dental Plan Benefits.