



ARKANSAS STATE EMPLOYEES
BENEFIT ADVISORS

For more information please contact: Arkansas State Employees Benefit Advisors

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Website: www.arseba.com

For provider search please visit www.deltadentalar.com



State of Arkansas	Base Plan		Premium Plan		Plan Differences	
	In Network	Out of Network	In Network	Out of Network		
Calendar Year Maximum (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)		
Basic and Major Services- Deductible applies						
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	
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 2018*	Added	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 for 1 Year from 1/1/2021-12/31/2021					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	