## City of Rogers Effective 1-1-2015

Delta Dental Benefits				PPO Dentist	Premier Dentist	Non- Participating Dentist
A - Diagnostic and Preventi	ve Services					
Exams, Cleanings, and Fluoride.				100%	100%	90%
X-rays as required.				100%	100%	90%
Sealants for dependent children to age sixteen (16).				100%	100%	90%
B - Basic Restorative Service	es					
Minor emergency treatment for the relief of pain as needed by the participant.				100%	100%	90%
Amalgam (silver) and composite/resin (white) fillings				100%	100%	90%
Simple extractions				100%	100%	90%
Space maintainers				100%	100%	90%
Stainless steel crowns for dependent children to age sixteen (16) when the teeth cannot				100%	100%	90%
Endodontics, including pulpal therapy and root canal filling				100%	100%	90%
C - Major Restorative Servi	ces					
Crowns, inlays, onlays, and veneers				50%	50%	45%
Prosthodontic Services - bridges, dentures, and implants				50%	50%	45%
Denture relines and repairs				50%	50%	45%
Oral surgery				50%	50%	45%
Non-surgical periodontics				50%	50%	45%
Periodontal maintenance				50%	50%	45%
Surgical periodontics				50%	50%	45%
Riders - applies to all individ	luals on thi	s plan				
Orthodontic Services				50%	50%	45%
Lifetime Maximum of \$1,000 per person Age Limit: 19						
Maximums, Deductibles, ar	nd Waiting	Periods				
Annual Maximum: \$1,500 Deductible: \$25.00 Limit: per person Applies to: A,				& C		
Annual Maximum Carryove	r Benefit –	applies all individua	ls on this plan			
Annual Carryover Amount	\$375 The amo		nt of Carryover which can be app	lied to the ne	xt calendar ye	ar.
Carry Over Maximum	\$1,500	The maxim	The maximum value of cummulative Carryover amounts.			
Claims Threshold	\$749		The maximum amount of claims paid during a calendar year to qualify for the Carryover benefit. If a member exceeds \$749 they will not qualify in that calendar year.			