

Rates per subscriber per month	Current Rate(s)
	January 1, 2020 to December 31, 2021
Subscriber only	\$0.00
Subscriber and spouse	\$11.70
Subscriber and child(ren)	\$13.68
Subscriber, spouse and child(ren)	\$25.66

### Dental Benefit Highlights for VITAL LINK, INC. #2488



#### Welcome to Arkansas's largest dental benefits family!

As a member of Delta Dental of Arkansas, you have access to the nation's largest dental networks: Delta Dental PPO and Delta Dental Premier.

- It's easy to find a dentist! Four out of five dentists nationwide participate in our network.
- You have superior access to care and fee savings because of our agreements with participating dentists.
- Our dentists cannot balance bill you, which means more money in your pocket!
- No troublesome paperwork! Network dentists will fill out and file your claims.
- Pay only your copayments and/or deductibles when you receive care from network dentists -- there are no hidden fees.
- You can still visit nonparticipating dentists, but you may be billed the full amount at the time of service and then have to wait to be reimbursed.

**Online Access**  
Our online Consumer Toolkit lets you access your dental plan securely over the Internet. You can find a dentist, check benefits, select paperless notices, review claims and amounts used toward maximums, print ID cards, and more -- all at your own convenience.

**A Healthy Smile**  
Keep your smile healthy with dental benefits from Delta Dental. Your smile is a good indicator of your health. Did you know that your dentist can detect up to 120 different diseases, including diabetes and heart disease? Early detection is one of the best ways to prevent further complications.

**Questions?**  
If you have questions, please call our Customer Service team at 800-462-5410 or look online at <http://www.deltadentalar.com>.

Delta Dental PPO plus Premier <i>Coverage effective January 1, 2021</i>	Delta Dental PPO Dentist	Delta Dental Premier Dentist	Non-participating Dentist
	Plan Pays	Plan Pays	Plan Pays*
<b>Diagnostic &amp; Preventive</b>			
<b>Diagnostic and Preventive Services</b> - exams, cleanings, and fluoride	100%	100%	90%
<b>Sealants</b> - to prevent decay of permanent teeth	100%	100%	90%
<b>Radiographs</b> - X-rays	100%	100%	90%
<b>Basic Services</b>			
<b>Space Maintainers</b> - appliances to prevent tooth movement	80%	80%	72%
<b>Emergency Palliative Treatment</b> - to temporarily relieve pain	80%	80%	72%
<b>Minor Restorative Services</b> - fillings	80%	80%	72%
<b>Simple Extractions</b> - non-surgical removal of teeth	80%	80%	72%
<b>Major Services</b>			
<b>Brush Biopsy</b> - to detect oral cancer	50%	50%	45%
<b>Crown Repair</b> - to individual crowns	50%	50%	45%
<b>Endodontic Services</b> - root canals	50%	50%	45%
<b>Periodontic Services</b> - to treat gum disease	50%	50%	45%
<b>Other Oral Surgery</b> - dental surgery	50%	50%	45%
<b>Major Restorative Services</b> - crowns	50%	50%	45%
<b>Other Basic Services</b> - misc. services	50%	50%	45%
<b>Relines and Repairs</b> - to bridges, implants, and dentures	50%	50%	45%
<b>TMJ Treatment</b> - treatment of the disorder of the temporomandibular joint, including related films	50%	50%	45%
<b>Prosthodontic Services</b> - bridges, implants, and dentures	50%	50%	45%
<b>Orthodontic Services</b>			
<b>Orthodontic Services</b> - braces	50%	50%	45%
<b>Orthodontic Age Limit</b> -	Dependent Children to the end of the month of age 19	Dependent Children to the end of the month of age 19	Dependent Children to the end of the month of age 19

**Maximum Payment** – \$1,000 per person total per Benefit Year. On all services, except cephalometric films, diagnostic casts, photos, and orthodontic services. \$1,000 per person total per lifetime on cephalometric films, diagnostic casts, photos, and orthodontic services.

**Maximum Carryover** – If at least one Covered Service is applied toward your Maximum Payment in a Benefit Year and the total Benefit paid does not exceed \$499.00 in that Benefit Year, up to \$250.00 will carry over to the next Benefit Year's Maximum Payment. This carryover amount will accumulate from one Benefit Year to the next, but will not exceed \$1,000.00.

**Deductible** – \$50 Deductible per person total per Benefit Year limited to a maximum Deductible of \$150 per family per Benefit Year. All services, except oral exams, prophylaxes (cleanings), fluoride, sealants, X-rays, full mouth debridement and scaling in presence of inflammation.