

Delta Dental of Arkansas

Dental Benefit Highlights for

Nabholz, Inc

Coverage Effective 01/01/2025

Delta Dental PPO Plus Premier		PPO Dentist Plan Pays	Premier Dentist Plan Pays	Non-participating Dentist Plan Pays*
A - Diagnostic and Preventive Services				
Cleanings		100%	100%	90%
Exams		100%	100%	90%
Fluoride		100%	100%	90%
Sealants		100%	100%	90%
Bitewing X-rays		100%	100%	90%
Full Mouth X-rays		100%	100%	90%
B - Basic Restorative Services				
Space Maintainers		80%	80%	72%
Emergency Palliative Treatment		80%	80%	72%
Simple Extractions		80%	80%	72%
Fillings		80%	80%	72%
C - Major Restorative Services				
Endodontics		50%	50%	45%
Non-surgical Periodontics		50%	50%	45%
Surgical Periodontics		50%	50%	45%
Oral Surgery		50%	50%	45%
Crowns		50%	50%	45%
Bridges		50%	50%	45%
Dentures		50%	50%	45%
Endosteal Implants		50%	50%	45%
D - Riders				
Orthodontia		50%	50%	45%
Orthodontia Age Limit		19		
Temporomandibular Joint Disorder		50%	50%	45%
Maximums and Deductibles				
Annual Maximum		\$1,500		
Annual Maximum Carryover		Maximum: \$375	Threshold: \$749	
Orthodontia Lifetime Maximum		\$1,000		
Deductible: \$50	Limit: 3x	Applies to: B, C, & D		
Dependent Age Limit		26		

**When you receive services from a Non-participating Dentist, the percentages in this column indicate the portion of Delta Dental's Non-participating Dentist Fee that will be paid for those services. The Non-participating Dentist Fee may be less than what your dentist charges and you are responsible for that difference.*