

**CITY OF ARLINGTON
DENTAL PLAN OPTIONS**

Benefit Description	DeltaCare[®] USA TX15B DHMO*	Delta Dental PPOSM Low Option PPO**	Delta Dental PPOSM High Option PPO**
	Copayment	Delta Dental Pays***	Delta Dental Pays***
Office Visit Copay	\$5	N/A	N/A
DIAGNOSTIC —oral examinations, x-rays	\$0	80%	80%
PREVENTIVE —routine cleanings, fluoride treatment, space maintainers, sealants	Fixed copay according to fee schedule	80%	80%
BASIC BENEFITS – fillings	Fixed copay according to fee schedule	60%	80%
ENDODONTICTS (root canals)	Fixed copay according to fee schedule	50%	80%
PERIODONTICS (gum treatment & periodontal cleanings)	Fixed copay according to fee schedule	50%	80%
SIMPLE ORAL SURGERY (simple extractions)	Fixed copay according to fee schedule	50%	80%
COMPLEX ORAL SURGERY (complex extractions and other oral surgery)	Fixed copay according to fee schedule	50%	50%
MAJOR BENEFITS - Crowns, inlays, onlays, cast restorations, bridges, dentures	Fixed copay according to fee schedule	50%	50%
IMPLANTS	Not a covered benefit	50%	50%
ORTHODONTIC BENEFITS	Fixed copay according to fee schedule (Adults & eligible dependent children)	Not Covered	50% (Eligible dependent children)
DEDUCTIBLE (waived on D & P)	N/A	\$50 per person \$150 per family	\$50 per person \$150 per family
PLAN YEAR MAXIMUM	N/A	\$750 per person	\$1,500 per person
ORTHODONTIC - LIFETIME MAXIMUM	N/A	Not Covered	\$1,000 per person

*If you choose a DeltaCare USA plan, you must use a DeltaCare USA dentist for treatment. Your selected contract dentist will take care of your dental care needs. If you require treatment from a specialist, your contract dentist will handle the referral for you.

**Delta Dental PPO products offer freedom of choice of any dentist and you can maximize savings by utilizing PPO (in-network) dentists.

*** Low Plan – Reimbursement is based on PPO contracted fees for PPO dentists, PPO contracted fees for Premier dentists and PPO contracted fees for non-Delta Dental Dentists; High Plan – Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and 90th percentile for non-Delta Dental dentists.

This is only a brief summary of the plans. Benefits are subject to limitations and exclusions of the plan. The dental health plan contract must be consulted to determine the exact terms and conditions of coverage. A Certificate of Coverage will be available to you upon enrollment.