



September 19, 2014

Ms. Gloria Roark
City Of Jonesboro
P O Box 1845
Jonesboro, AR 72403

Re: Dental Plan 000009448 - City Of Jonesboro

Dear Ms. Gloria Roark,

Thank you for continuing to put your trust in Delta Dental of Arkansas. By sponsoring a dental plan for your employees, we know you understand the important connection between good oral health and good overall health. Our goal at Delta Dental is to provide valuable dental benefits for your employees with lower costs through our vast network of dentists, all at a competitive premium.

Enclosed are the rates and documents related to your contract renewal.

Please contact your agent or your Delta Dental Account Manager if you have any questions or if you would like to make adjustments to your plan. We look forward to continuing to serve you and your employees over the years to come.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Reavis", with a long horizontal flourish extending to the right.

Jay Reavis
VP of Sales and Account Management

CC. Town & Country Ins Agency



Delta Dental of Arkansas
Renewal Rates for City Of Jonesboro - 000009448
Effective January 01, 2015

Rates		
	Current Rates	Renewal Rates
Employee	\$26.92	\$26.92
Employee & Family	\$85.72	\$85.72
<i>Overall Percent Change</i>		<i>0.00%</i>

Delta Dental of Arkansas
 Dental Benefit Highlights for
City Of Jonesboro
Coverage Effective January 01, 2015

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%
Endodontics	80%	80%	72%
Non-surgical Periodontics	80%	80%	72%
Oral Surgery	80%	80%	72%
C - Major Restorative Services			
Surgical Periodontics	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		None	
Maximums and Deductibles			
Annual Maximum	\$1,000		
Annual Maximum Carryover	Maximum: \$250	Threshold: \$499	
Orthodontia Lifetime Maximum	\$1,000		
Deductible: \$50	Limit: 3x	Applies to: B & C	
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.*