

Delta Dental of Tennessee
Certificate of Coverage – Benefit Summary Page

Group Name: Knox County Government
Group Number: 7453
Provider Network: Delta Dental PPO™
Benefit Year: January 1 through December 31

Deductible – Delta Dental PPO™ Dentist - \$25 Deductible per person total per calendar year limited to a maximum Deductible of \$75 per family per calendar year. The Deductible does not apply to oral exams, prophylaxes (cleanings), fluoride, X-rays, periodontal maintenance, full mouth debridement, diagnostic casts, photos, and orthodontics.

Delta Dental Premier® Dentist or Non-Participating Dentist - \$100 Deductible per person total per calendar year limited to a maximum Deductible of \$300 per family per calendar year. The Deductible does not apply to oral exams, prophylaxes (cleanings), fluoride, X-rays, periodontal maintenance, full mouth debridement, diagnostic casts, photos, and orthodontics.

Covered Services –

	Delta Dental PPO™ Dentist	Delta Dental Premier® Dentist	Non- Participating Dentist
	Plan Pays	Plan Pays*	Plan Pays*
Diagnostic & Preventive			
Diagnostic and Preventive Services - exams, cleanings, fluoride, and space maintainers	100%	80%	80%
Brush Biopsy - to detect oral cancer	100%	80%	80%
Radiographs - X-rays	100%	80%	80%
Periodontal Maintenance - cleanings following periodontal therapy	100%	80%	80%
Basic Services			
Emergency Palliative Treatment - to temporarily relieve pain	80%	60%	60%
Sealants - to prevent decay of permanent teeth	80%	60%	60%
Minor Restorative Services - fillings	80%	60%	60%
Simple Extractions - non-surgical removal of teeth	80%	60%	60%
Other Basic Services - misc. services	80%	60%	60%
Adjustments and Repairs - to bridges and dentures	80%	60%	60%
Major Services			
Crown Repair - to individual crowns	50%	30%	30%

Customer Service Toll-Free Number: 800-223-3104

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Endodontic Services - root canals	50%	30%	30%
Periodontic Services - to treat gum disease	50%	30%	30%
Other Oral Surgery - dental surgery	50%	30%	30%
Major Restorative Services - crowns	50%	30%	30%
Relines and Rebase - to dentures	50%	30%	30%
Implant Repair - implant maintenance, repair, and removal	50%	30%	30%
Prosthetic Services - bridges, implants, and dentures	50%	30%	30%
Orthodontic Services			
Orthodontic Services - braces	50%	50%	50%
Orthodontic Age Limit -	No Age Limit	No Age Limit	No Age Limit

* When you receive services from a Delta Dental Premier or Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's PPO Dentist Schedule that will be paid for those services. This amount may be less than what the dentist charges or Delta Dental approves and you are responsible for that difference.

- Oral exams are payable twice per calendar year.
- Prophylaxes (cleanings) are payable twice per calendar year.
- People with specific at-risk health conditions may be eligible for additional prophylaxes (cleanings) or fluoride treatment. The patient should talk with his or her Dentist about treatment.
- Fluoride treatments are payable twice per calendar year for people age 18 and under.
- Space maintainers are payable once per area per lifetime for people age 15 and under.
- Bitewing X-rays are payable once per calendar year and full mouth X-rays (which include bitewing X-rays) or a panorex are payable once in any five-year period.
- Sealants are payable once per tooth in any three-year period for first and second permanent molars for people age 15 and under. The surface must be free from decay and restorations.
- Crowns and substructures are payable once per tooth in any 10-year period.
- Composite resin (white) restorations are optional treatment on posterior teeth.
- Full and partial dentures are payable once in any 10-year period.
- Bridges are payable once in any 10-year period.
- Implants and implant related services are payable once per tooth in any 10-year period for people age 19 and older.
- People with special health care needs may be eligible for additional services including exams, hygiene visits, dental case management, and sedation/anesthesia. Special health care needs include any physical, developmental, mental, sensory, behavioral, cognitive, or emotional impairment or limiting condition that requires medical management, healthcare intervention, and/or use of specialized services or programs. The condition may be congenital, developmental, or acquired through disease, trauma, or environmental cause and may impose limitations in performing daily self-maintenance activities or substantial limitations in a major life activity.

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Maximum Payment – Delta Dental PPO™ Dentist - \$1,500 per person total per calendar year on all services, except cephalometric film, photos, diagnostic casts, and orthodontics. \$1,000 per person total per lifetime on cephalometric films, photos, diagnostic casts, and orthodontic services.

Delta Dental Premier® Dentist or Non-Participating Dentist - \$500 per person total per calendar year on all services, except cephalometric film, photos, diagnostic casts, and orthodontics. \$500 per person total per lifetime on cephalometric films, photos, diagnostic casts, and orthodontic services.

These are not separate maximums by type of dentist.

Special Enrollment Notations – Employees are eligible on the first day of the month following 30 days of active work status.

Dependent Age Limit – 26