

Delta Dental of Tennessee Summary of Benefits

Eligibility Requirements

All STUDENTS are eligible for enrollment on the EFFECTIVE DATE or when they have met the GROUP's eligibility requirements.

All students are eligible for enrollment in the student dental insurance plan on the first day of the academic term.

The Dependent Age Limit under this Contract is to age: 26

Monthly Premiums

Subscriber only - \$15.43 per month per Subscriber Subscriber and spouse - \$30.41 per month per Subscriber Subscriber and child(ren) - \$42.35 per month per Subscriber Subscriber, spouse and child(ren) - \$65.42 per month per Subscriber

These rates are contingent upon the enrollment of a minimum of 0 percent of the eligible members of the defined group and their eligible dependents with the full cost paid by the member.

This plan requires a minimum of NA enrolled primary Subscribers. The GROUP will be billed for the greater of the actual number of Subscribers or the minimum number of Subscribers.

Premiums will be deemed delinquent if not paid as billed and received by the 5th of each month.

	Delta Dental PPO Dentist Plan Pays	Delta Dental Premier Dentist Plan Pays	Nonparticipating Dentist Plan Pays
Diagnost	ic & Preventive		
Diagnostic and Preventive Services - exams, cleanings, fluoride, and space maintainers	100%	100%	100%
Sealants - to prevent decay of permanent teeth	100%	100%	100%
Brush Biopsy - to detect oral cancer	100%	100%	100%
Radiographs - X-rays	100%	100%	100%
Periodontal Maintenance - cleanings following periodontal therapy	100%	100%	100%
Basi	ic Services		
Emergency Palliative Treatment - to temporarily relieve pain	80%	50%	50%
Minor Restorative Services - fillings	80%	50%	50%
Endodontic Services - root canals	80%	50%	50%
Periodontic Services - to treat gum disease	80%	50%	50%
Oral Surgery Services - extractions and dental surgery	80%	50%	50%
Other Basic Services - misc. services	80%	50%	50%
Adjustments and Repairs - to bridges and dentures	80%	50%	50%
Maj	or Services		
Crown Repair - to individual crowns	50%	25%	25%
Major Restorative Services - crowns	50%	25%	25%
Implant Repair - implant maintenance, repair, and removal	50%	25%	25%
Relines and Rebase - to dentures	50%	25%	25%
Prosthodontic Services - bridges, implants, and dentures	50%	25%	25%

> 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 up to age 19.
- Space maintainers are payable once per area per lifetime for people up to age 15.
- Bitewing X-rays are payable once per calendar year and full mouth X-rays (which include bitewing X-rays) are payable once in any three-year period.
- Sealants are payable once per tooth per lifetime for first and second permanent molars up to age 16. The surface must be free from decay and restorations.
- Composite resin (white) restorations are Covered Services on posterior teeth.
- > Implants and implant related services are payable once per tooth in any five-year period for people age 19 and older.

Deductible: \$50 Deductible per person total per calendar year limited to a maximum Deductible of \$150 per family per calendar year. The Deductible does not apply to oral exams, preventive, X-rays, sealants, periodontal maintenance, full mouth debridement, and cephalometric films.

Maximum Payment: \$1,500 per person total per calendar year on all services.