

Delta Dental of Tennessee
Certificate of Coverage
Benefit Summary Page

Group Name **Knox County Government** Group Number **7453**
 Original Issue 1 /1 /2000
 Provider Network: Delta Dental PPO

	PPO Provider	Premier Provider	Non Network Provider
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Calendar Year Deductible

Amount per Person	\$ 50	\$ 50	\$100
Maximum Amount per Family	\$150	\$150	\$300
Deductible exclusions Excludes D&P and Ortho			

Copayment Percentages

Diagnostic and Preventive Benefits	100%	100%	100%
Sealants	90%	80%	80%
Basic Benefits	90%	80%	80%
Endodontics	90%	80%	80%
Periodontics	90%	80%	80%
Oral Surgery	90%	80%	80%
Major Restorations	60%	50%	50%
Prosthodontics	60%	50%	50%
Orthodontics	50%	50%	50%

Annual Maximums excluding Orthodontics

Amount per person	\$1500	\$1500	\$1000
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Lifetime Maximum for Orthodontics

Lifetime amount per person	\$1500	\$1500	\$1500
Orthodontic benefits are limited to age:	No limit	No limit	No limit

Special Enrollment Notations:

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

Dependent Age Limit is: 24