

**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 Benefit Year limited to a maximum Deductible of \$75 per family per Benefit 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 Nonparticipating Dentist -** \$100 Deductible per person total per Benefit Year limited to a maximum Deductible of \$300 per family per Benefit 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*
<b>Diagnostic &amp; Preventive</b>			
<b>Diagnostic and Preventive Services</b> - exams, cleanings, fluoride, and space maintainers	100%	80%	80%
<b>Brush Biopsy</b> - to detect oral cancer	100%	80%	80%
<b>Radiographs</b> - X-rays	100%	80%	80%
<b>Periodontal Maintenance</b> - cleanings following periodontal therapy	100%	80%	80%
<b>Basic Services</b>			
<b>Emergency Palliative Treatment</b> - to temporarily relieve pain	80%	60%	60%
<b>Sealants</b> - to prevent decay of permanent teeth	80%	60%	60%
<b>Minor Restorative Services</b> - fillings	80%	60%	60%
<b>Simple Extractions</b> - non-surgical removal of teeth	80%	60%	60%
<b>Other Basic Services</b> - misc. services	80%	60%	60%
<b>Adjustments and Repairs</b> - to bridges and dentures	80%	60%	60%
<b>Major Services</b>			
<b>Crown Repair</b> - to individual crowns	50%	30%	30%

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

<https://www.DeltaDentalTN.com>

November 5, 2021

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

\* 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) are payable once in any five-year period.
- Sealants are payable once per tooth per 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.

**Maximum Payment – Delta Dental PPO™ Dentist** - \$1,500 per person total per Benefit 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 Nonparticipating Dentist** - \$500 per person total per Benefit 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.

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

<https://www.DeltaDentalTN.com>

November 5, 2021

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

**Dependent Age Limit** – 26