

Delta Dental of Tennessee
Certificate of Coverage – Benefit Summary Page

Group Name: General Agencies of The United Methodist Church
Group Number: 4158
Provider Network: Delta Dental PPO (Standard)
Benefit Year: January 1 through December 31

Deductible – Delta Dental PPO Dentist - None.

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, cleanings, fluoride, brush biopsy, full mouth/panoramic and bitewing x-rays, sealants, cephalometric film, photos and orthodontic services. The deductible does apply to harmful habit appliance and Diagnostic casts.

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, and fluoride	100%	70%	70%
Sealants - to prevent decay of permanent teeth	100%	70%	70%
Brush Biopsy - to detect oral cancer	100%	70%	70%
Radiographs - bitewing and full mouth X-rays	100%	70%	70%
Basic Services			
Space Maintainers - appliances to prevent tooth movement	70%	70%	70%
Emergency Palliative Treatment - to temporarily relieve pain	70%	70%	70%
All Other Radiographs - other X-rays	70%	70%	70%
Minor Restorative Services - fillings	70%	70%	70%
Periodontal Maintenance - cleanings following periodontal therapy	70%	70%	70%
Simple Extractions - non-surgical removal of teeth	70%	70%	70%
Other Basic Services - misc. services	70%	70%	70%
Major Services			
Crown Repair - to individual crowns	50%	50%	50%
Endodontic Services - root canals	50%	50%	50%

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October 9, 2019

Periodontic Services - to treat gum disease	50%	50%	50%
Other Oral Surgery - dental surgery	50%	50%	50%
Major Restorative Services - crowns	50%	50%	50%
Anesthesia Services - when medically necessary	50%	50%	50%
Relines and Repairs - to bridges and dentures	50%	50%	50%
Prosthodontic Services - bridges and dentures	50%	50%	50%
Orthodontic Services			
Orthodontic Services - braces	50%	50%	50%
Orthodontic Age Limit -	up to age 26	up to age 26	up to age 26

* 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 (including evaluations by a specialist) are payable once in any period of six consecutive months.
- Routine prophylaxes (cleanings) are payable once in any six-month period. Periodontal maintenance procedures are also payable twice in any period of 12 consecutive months for individuals with a documented history of periodontal disease. Full mouth debridement is payable once in any three consecutive years.
- 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 once in any period of 12 consecutive months for people up to age 14.
- Space maintainers are payable once per area per lifetime for people up to age 14.
- Bitewing X-rays are payable twice in any period of 12 consecutive months for people under age 19 and once in any period of 12 consecutive months for people age 19 and older. Full mouth X-rays (which include bitewing X-rays) are payable once in any five-year period.
- Bacteriologic cultures are Covered Services once in any three-year period.
- Sealants are payable once per tooth per five-year period for first and second permanent molars up to age 14. The surface must be free from decay and restorations.
- Prefabricated crowns are a benefit once in any five-year period.
- Composite resin (white) restorations are Covered Services on posterior teeth.
- Localized delivery of chemotherapeutic agents is a Covered Service.
- Full and partial dentures are payable once in any ten-year period. Adjustments of dentures is payable once in any 12-month period. Tissue conditioning is payable once in any three-year period.
- Bridges are payable once in any ten-year period.
- Implants and implant related services are not Covered Services.
- Crowns over implants and their related services are not Covered Services.
- Consultations and occlusal adjustments are Covered Services once in any period of 12 consecutive months. Antibiotic drug injections are Covered Services. Application of desensitizing medicaments (for example, application of fluoride to treat receding gums) are Covered Services for individuals with a documented history of periodontal disease.

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October 9, 2019

➤ Harmful habit appliances are Covered Services.

Maximum Payment – Delta Dental PPO Dentist - \$1,500 per person total per Benefit Year on harmful habits appliances and all general services, except cephalometric film and photos. \$1,000 per person total per lifetime on cephalometric film, photos, and orthodontic services, excluding harmful habits appliances.

Delta Dental Premier Dentist or Nonparticipating Dentist - \$500 per person total per Benefit Year on harmful habits appliances and all general services, except cephalometric film and photos. \$500 per person total per lifetime on cephalometric film, photos, and orthodontic services, excluding harmful habits appliances.

These are not separate maximums by type of dentist.

Special Enrollment Notations – Employee benefits will start on the first day of the month following the employee's hire date and Non-Medicare eligible retirees are eligible. The coverage will end on the last day of the month of their termination.

Dependent Age Limit – 26