

**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 (Point-of-Service)  
**Benefit Year:** January 1 through December 31

**Deductible** – \$50 Deductible per person total per Benefit Year limited to a maximum Deductible of \$150 per family per Benefit Year. The deductible does not apply to oral exams, prophylaxis and fluoride, brush biopsy, x-rays, sealants, cephalometric film, photos and orthodontic services. The deductible does apply to harmful habit appliance.

**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, and fluoride	100%	100%	80%
<b>Sealants</b> - to prevent decay of permanent teeth	100%	100%	80%
<b>Brush Biopsy</b> - to detect oral cancer	100%	100%	80%
<b>Radiographs</b> - X-rays	100%	100%	80%
<b>Basic Services</b>			
<b>Space Maintainers</b> - appliances to prevent tooth movement	80%	80%	80%
<b>Emergency Palliative Treatment</b> - to temporarily relieve pain	80%	80%	80%
<b>Minor Restorative Services</b> - fillings	80%	80%	80%
<b>Endodontic Services</b> - root canals	80%	80%	80%
<b>Periodontic Services</b> - to treat gum disease	80%	80%	80%
<b>Oral Surgery Services</b> - extractions and dental surgery	80%	80%	80%
<b>Other Basic Services</b> - misc. services	80%	80%	80%
<b>Major Services</b>			
<b>Crown Repair</b> - to individual crowns	50%	50%	50%
<b>Major Restorative Services</b> - crowns	50%	50%	50%
<b>Relines and Repairs</b> - to bridges, implants, and dentures	50%	50%	50%

<b>Prosthodontic Services</b> - bridges, implants, and dentures	<b>50%</b>	<b>50%</b>	<b>50%</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>up to age 26</b>	<b>up to age 26</b>	<b>up to age 26</b>

\* When you receive services from a Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's Nonparticipating Dentist Fee that will be paid for those services. The Nonparticipating Dentist Fee may be less than what the dentist charges and you are responsible for that difference.

- Oral exams (including evaluations by a specialist) are payable twice in any period of 12 consecutive months.
- Prophylaxes (cleanings) are payable twice in any period of 12 consecutive months. Periodontal maintenance procedures are also payable twice in any 12-month period for individuals with a documented history of periodontal disease. Full mouth debridement is payable once in any three-year period.
- 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 19.
- Space maintainers are payable once per area per lifetime for people up to age 16.
- Bitewing X-rays are payable twice in any period of 12 consecutive months and full mouth X-rays (which include bitewing X-rays) are payable once in any three-year period.
- Bacteriologic cultures are Covered Services once in any three-year period.
- Sealants are payable once per tooth per three-year period for first and second permanent molars up to age 14. The surface must be free from decay and restorations.
- Veneers are payable on incisors, cuspids, and bicuspids once per tooth per five-year period when necessary due to fracture or decay.
- Composite resin (white) restorations are Covered Services on posterior teeth.
- Reline and rebase of dentures are payable once in any 12-month period. Tissue conditioning is a Covered Service.
- Implants and implant related services are payable once per tooth in any five-year period.
- Occlusal guards and occlusal adjustments are payable once in any three-year-period. 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.
- Harmful habit appliances are Covered Services.

**Maximum Payment** – \$2,000 per person total per Benefit Year on all services except oral exams, cleanings, fluoride, sealants, X-rays, cephalometric films, photos, diagnostic casts and orthodontic services other than harmful habit appliances. \$2,000 per person total per lifetime on cephalometric film, photos, and orthodontic services, excluding harmful habits appliances.

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

<https://www.DeltaDentalTN.com>

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**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