

**Delta Dental PPO (Standard)  
Summary of Dental Plan Benefits  
For Group# TNDDEX-ADLO  
2021 Tennessee Pediatric Only Plan – Low Option**

This Summary of Dental Plan Benefits should be read along with your Contract. Your Contract provides additional information about your Delta Dental plan, including information about plan exclusions and limitations. The percentages below are applied to Delta Dental's allowance for each service and it may vary due to the dentist's network participation.\*

**Benefit Year** – January 1 through December 31

Each of the EHB Covered Services set forth below at the end of this Summary of Dental Plan Benefits are considered to be Essential Health Benefits, as that term is defined in the Patient Protection and Affordable Care Act, as amended ("PPACA"), to the extent that such Covered Services are provided to an individual under the age of 19. The following Out-of-Pocket Maximums, Maximum Payments, Deductibles and Waiting Periods apply to Essential Health Benefits. To the extent an individual under the age of 19 receives a Covered Service listed as an Essential Health Benefit, such Covered Service will be subject to the exclusions and limitations found in the Certificate.

EHB Covered Services (for individuals under the age of 19)	In-Network		Out-of-Network
	Delta Dental PPO Dentist	Delta Dental Premier Dentist	Nonparticipating Dentist
	Plan Pays	Plan Pays*	Plan Pays*
<b>Diagnostic &amp; Preventive</b>			
<b>Diagnostic and Preventive Services</b> – exams, cleanings, fluoride, and space maintainers	90%	70%	70%
<b>Emergency Palliative Treatment</b> – to temporarily relieve pain	90%	70%	70%
<b>Radiographs</b> – X-rays	90%	70%	70%
<b>Sealants</b> – to prevent decay of permanent teeth	90%	70%	70%
<b>Basic Services</b>			
<b>Minor Restorative Services</b> – fillings and crown repair	50%	50%	50%
<b>Oral Surgery Services</b> – extractions and dental surgery	50%	50%	50%
<b>Endodontic Services</b> – root canals	50%	50%	50%
<b>Periodontic Services</b> – to treat gum disease	50%	50%	50%
<b>Relines and Repairs</b> – to bridges and dentures	50%	50%	50%
<b>Other Basic Services</b> – misc. services	50%	50%	50%
<b>Major Services</b>			
<b>Prosthetic Services</b> – bridges and dentures	50%	50%	50%
<b>Major Restorative Services</b> – crowns	50%	50%	50%
<b>Orthodontic Services</b>			
<b>Orthodontic Services</b> – medically necessary	50%	50%	50%
<b>Orthodontic age limit</b> –	Up to age 19	Up to age 19	Up to age 19

\* When services are received from a Premier or Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's PPO Dentist Schedule (or Nonparticipating Dentist Fee) 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 examinations (including examinations by a specialist) are payable twice in any period of 12 consecutive months.
- Prophylaxes (cleanings), including periodontal prophylaxes, are payable twice in any period of 12 consecutive months.
- Fluoride treatments are payable twice in 12 consecutive months up to age 19.
- Bitewing x-rays are payable twice in a 12-month period and full mouth X-rays (which include bitewing X-rays) are payable once in any five-year period.
- Sealants are payable for first and second permanent molars to age 16. Sealants are payable once per tooth per three-year period. The surface must be free from decay and restorations.
- Space maintainers are payable once per area in a lifetime, for missing posterior, primary teeth, up to age 15

**In-Network Out-of-Pocket Maximum for EHB Covered Services** – An Out-of-Pocket Maximum is the maximum amount that you or an Eligible Dependent will pay for Covered Services throughout a Benefit Year. For all In-Network EHB Covered Services provided to individuals under the age of 19, your maximum out-of-pocket payments under this Certificate shall be \$350

per Benefit Year if this Certificate covers one individual under the age of 19, or \$700 per Benefit Year if this Certificate covers two or more individuals under the age of 19. Any Copayments, Deductibles, or other out-of-pocket expenses paid by you for In-Network EHB Covered Services provided to individuals under the age of 19 shall count toward that In-Network Out-of-Pocket Maximum. The In-Network Out-of-Pocket Maximum will not include any amounts paid for the following: (i) premiums; (ii) payments made by you for Non-Covered Services; (iii) payments made by you to Out-of-Network Dentists; (iv) Copayments, Deductibles, or other out-of-pocket expenses paid by you for services other than EHB Covered Services; or (v) Copayments, Deductibles, or other out-of-pocket expenses paid by you for EHB Covered Services provided to individuals 19 years of age and older. Once your applicable In-Network Out-of-Pocket Maximum is reached for the Benefit Year, all In-Network EHB Covered Services provided to individuals under the age of 19 will be covered at 100% of the Maximum Approved Fee.

**Out-of-Network Out-of-Pocket Maximum for EHB Covered Services** – There is no annual Out-of-Pocket Maximum for Out-of-Network EHB Covered Services. You will be responsible for all Copayments, Deductibles and Balanced Billing Amounts associated with all Out-of-Network EHB Covered Services provided to you or your Eligible Dependent throughout the Benefit Year.

**Annual and Lifetime Maximum Payments for EHB Covered Services** – For all EHB Covered Services provided to individuals under the age of 19, there are no annual or lifetime Maximum Payments.

**Deductibles for EHB Covered Services** – For individuals under the age of 19 seeking EHB Covered Services, the Deductible is \$50 per individual per Benefit Year, limited to a maximum Deductible of \$150 for all individuals under the age of 19 covered by this Certificate per Benefit Year. The Deductible does not apply to Diagnostic and Preventive or Orthodontic Services.

**Waiting Period for EHB Covered Services** – There are no waiting periods for individuals under the age of 19 seeking EHB Covered Services.