

**Delta Dental of Tennessee**  
**Certificate of Coverage – Benefit Summary Page**

**Group Name:** Metropolitan Nashville Public Schools  
**Group Number:** 6180  
**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, preventive, X-rays, sealants, periodontal maintenance, full mouth debridement, cephalometric films, 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%	100%	100%
<b>Sealants</b> - to prevent decay of permanent teeth	100%	100%	100%
<b>Brush Biopsy</b> - to detect oral cancer	100%	100%	100%
<b>Radiographs</b> - X-rays	100%	100%	100%
<b>Periodontal Maintenance</b> - cleanings following periodontal therapy	100%	100%	100%
<b>Basic Services</b>			
<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>Adjustments and Repairs</b> - to bridges and dentures	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 Rebase</b> - to dentures	50%	50%	50%

<b>Implant Repair</b> - implant maintenance, repair, and removal	50%	50%	50%
<b>Prosthodontic Services</b> - bridges, implants, and dentures	50%	50%	50%
<b>Orthodontic Services</b>			
<b>Orthodontic Services</b> - braces	50%	50%	50%
<b>Orthodontic Age Limit</b> -	Dependent Children to the end of the month of age 19	Dependent Children to the end of the month of age 19	Dependent Children to the end of the month of age 19

\* 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 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 up to age 19.
- Space maintainers are payable once per area per lifetime for people up to age 15.
- 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 two-year period.
- Sealants are payable once per tooth per lifetime for first and second permanent molars up to age 16. The surface must be free from decay and restorations.
- Composite resin (white) restorations are Covered Services on posterior teeth.
- Implants and implant related services are payable once per tooth in any five-year period.

**Maximum Payment** – \$1,000 per person total per Benefit Year on all services, except oral exams, preventive, X-rays, full mouth debridement, periodontal maintenance, cephalometric films, photos, diagnostic casts and orthodontic services. \$1,000 per person total per lifetime on cephalometric films, photos, diagnostic casts, and orthodontic services.

**Special Enrollment Notations** – Full-time and Part-time employees are eligible on the first day of the month following 1 month of continuous employment. Coverage for domestic partners allowed as defined by client.

**Dependent Age Limit** – 26