

Delta Dental of Tennessee
Dental Benefit Highlights for
State of Tennessee #8060
DPPO Plan



Delta Dental PPO™
Coverage effective January 1, 2022

	Delta Dental PPO™ Dentist Plan Pays	Delta Dental Premier® Dentist Plan Pays*	Non-participating Dentist Plan Pays*
Diagnostic & Preventive			
Diagnostic and Preventive Services - exams, cleanings, fluoride and space maintainers	100%	80%	80%
Sealants - to prevent decay of permanent teeth	100%	80%	80%
Brush Biopsy - to detect oral cancer	100%	80%	80%
Radiographs - X-rays	100%	80%	80%
Basic Services			
Emergency Palliative Treatment - to temporarily relieve pain	80%	60%	60%
Minor Restorative Services - fillings	80%	60%	60%
Endodontic Services - root canals	80%	60%	60%
Periodontic Services - to treat gum disease	80%	60%	60%
Simple Extractions - non-surgical removal of teeth	80%	60%	60%
Other Basic Services - misc. services	80%	60%	60%
Major Services			
Crown Repair - to individual crowns	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, implants and dentures	50%	50%	50%
Prosthodontic Services - bridges, implants and dentures	50%	50%	50%
Orthodontic Services			
Orthodontic Services - braces	50%	50%	50%
Orthodontic Age Limit -	to the end of the month of age 19	to the end of the month of age 19	to the end of the month of age 19

* 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.

Maximum Payment – \$1,500 per person total per Benefit Year on all services, except cephalometric film, photos and orthodontics. \$1,250 per person total per lifetime on cephalometric films, photos, and orthodontic services.

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, preventive services, brush biopsy, X-rays, sealants, cephalometric film, photos and orthodontic services.

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, preventive services, brush biopsy, X-rays, sealants, cephalometric film, photos and orthodontic services.

Welcome to Tennessee's largest dental benefits family!

As a member of Delta Dental of Tennessee, you have access to one of the nation's largest dental networks: Delta Dental PPO.

- It's easy to find a dentist! More than 2000 dentists in Tennessee participate in our network.
- You have superior access to care and fee savings because of our agreements with participating dentists.
- Our Delta Dental PPO dentists cannot balance bill you, which means more money in your pocket!
- No troublesome paperwork! Network dentists will fill out and file your claims.
- Pay only your copayments and/or deductibles when you receive care from PPO dentists -- there are no hidden fees.
- Because payment is based on the PPO Dentist Schedule, you may have to pay more for services from our Premier Dentists (up to our Maximum Approved Fee).
- You can still visit nonparticipating dentists, but you may be billed the full amount at the time of service and then have to wait to be reimbursed.

Quality Dental Program

With our quick and accurate claims processing, we pay more than 90% of claims in 10 days or less. Delta Dental also offers world-class customer service from our dedicated call center.

Online Access

Our online Member Portal lets you access your dental plan securely over the Internet. You can find a dentist, check benefits, select paperless notices, review claims and amounts used toward maximums, print ID cards and more -- all at your own convenience.

Questions?

If you have questions, please call our customer service team at 800-552-2498 from 7 a.m. to 5 p.m. CT or visit our website at Tennessee.DeltaDental.com/StateofTN

Benefit Waiting Period – There are waiting periods for certain services based on the initial coverage date for the member. There is a 6-month waiting period for major restorative services, implant repair and prosthodontic. There is a 12-month waiting period that applies to the initial placement of bridge or denture to replace one or more natural teeth missing prior to the member's effective date. Orthodontic services will not be covered until after a person is enrolled in the dental plan for 12 consecutive months.

Note: This document is only intended to provide a brief description of your benefits. Please refer to your Certificate of Coverage and summary for a complete description of benefits, exclusions and limitations.

- Oral examinations (including teledentistry and evaluations by a specialist) are payable twice per calendar year. Pre-diagnostic services 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.
- Topical fluoride is payable twice in any 12-month period months for people age 18 and under, and once in any 12-month period for people age 55 and older with a history of periodontal surgery.
- Space maintainers are payable once per area per lifetime for people age 14 and under.
- Bitewing X-rays are payable once in any period of 12 consecutive months and full mouth X-rays (which include bitewing X-rays) are payable once in any five-year period.
- Interpretation and report of complete intraoral imaging is payable once in any 12-month period.
- Collection of microorganisms for culture and sensitivity, and genetic test for susceptibility to diseases are covered services.
- Sealants are payable once per tooth per lifetime for first and second permanent molars for people age 15 and under. The surface must be free from decay and restorations. Preventive resin restoration in a moderate to high caries risk patient is payable without age limitations.
- Crowns and substructures are payable once per tooth in any seven-year period based on a gradual benefit percentage. Veneers are payable once per tooth in any seven-year period.
- Composite resin (white) restorations are payable on posterior teeth.
- Localized delivery of chemotherapeutic agents is a covered service.
- Sinus augmentation and bone replacement graft for ridge preservation are payable once in any five-year period.
- Full and partial dentures are payable once in any seven-year period based on a gradual benefit percentage. Adjustments and repairs to dentures are payable once in any 12-month period. Reline and rebase of dentures is payable once in any three-year period.
- Bridges are payable once in any seven-year period based on a gradual benefit percentage.
- Implants and implant related services are payable once per tooth in any five-year period for people age 19 and older.
- Crowns over implants are payable once per tooth in any seven-year period. Connecting bar and prefabricated abutment are payable once in any five-year period for people age 19 and older.
- Consultations with a dentist or physician other than the requesting dentist or physician is payable once in any period of 12 consecutive months. Therapeutic parenteral drugs are covered services. Cleaning and inspection of removable completed dentures is payable twice in any period of twelve consecutive months. Occlusal adjustments are payable once in any period of twelve consecutive months. Application of desensitizing medicament and application of desensitizing resin for cervical and/or root surface (per tooth) are payable for people with a documented history of periodontal disease and treatment.
- A removable or fixed harmful habit appliance is payable once per lifetime.