

Delta Dental of Tennessee
Certificate of Coverage – Benefit Summary Page

Group Name: City Of Clarksville
 Group Number: 4077
 Provider Network: Delta Dental PPO (Point-of-Service)
 Benefit Year: January 1 through December 31

Deductible – None.

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, fluoride, and space maintainers	100%	100%	100%
Emergency Palliative Treatment - to temporarily relieve pain	100%	100%	100%
Sealants - to prevent decay of permanent teeth	100%	100%	100%
Brush Biopsy - to detect oral cancer	100%	100%	100%
Radiographs - X-rays	100%	100%	100%
Basic Services			
Minor Restorative Services - fillings	100%	100%	100%
Endodontic Services - root canals	100%	100%	100%
Periodontic Services - to treat gum disease	100%	100%	100%
Oral Surgery Services - extractions and dental surgery	100%	100%	100%
Other Basic Services - misc. services	100%	100%	100%
Adjustments and Repairs - to bridges and dentures	100%	100%	100%
Major Services			
Crown Repair - to individual crowns	50%	50%	50%
Major Restorative Services - crowns	50%	50%	50%
Implant Repair - implant maintenance, repair, and removal	50%	50%	50%
Relines and Rebase - to dentures	50%	50%	50%
Prosthetic Services - bridges, implants, and dentures	50%	50%	50%
Orthodontic Services			

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

www.DeltaDentalTN.com

January 22, 2018

Orthodontic Services - braces	50%	50%	50%
Orthodontic Age Limit -	Dependent children to the end of the month of age 25	Dependent children to the end of the month of age 25	Dependent children to the end of the month of age 25

* 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.

- Three oral exams (including evaluations by a specialist) are payable in any period of 12 consecutive months.
- Three prophylaxes (cleanings) are payable in any period of 12 consecutive months.
- 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 15.
- 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 three-year period, whether provided by a general dentist or specialist.
- Sealants are payable once per tooth per lifetime for the occlusal surface of first and second permanent molars up to age 16. The surface must be free from decay and restorations.
- Gold foil restorations are not Covered Services and no allowance will be made for optional treatment. Prefabricated crowns are a benefit once in any three-year period.
- Composite resin (white) restorations are Covered Services on posterior teeth.
- Root canal treatment is payable once per tooth in any five-year period.
- Implants and implant related services are payable once per tooth in any five-year period.
- Teeth bleaching is payable once per arch and once per tooth in any 12 consecutive months.

Maximum Payment – \$2,000 per person total per Benefit Year on all services, except cephalometric film, photos, diagnostic casts, and orthodontics. \$2,000 per person total per lifetime on cephalometric films, photos, diagnostic casts, and orthodontic services.

Special Enrollment Notations – Employees are eligible on the first day of the month following 30 days of continuous employment.

Dependent Age Limit – 24