

Dental Preferred Provider Organization (DPPO) Dental Benefit Summary for State of Tennessee #8060 Coverage effective January 1, 2022

	Delta Dental PPO Dentist	Delta Dental Premier Dentist	Non-Participating Dentist
Diagnostic and Preventive			
Diagnostic and Preventive Services - exams, cleanings, fluoride, and space maintainers	Plan Pays 100%	Plan Pays 80%	Plan Pays 80%
Sealants - to prevent decay of permanent teeth			
Brush Biopsy - to detect oral cancer			
Radiographs - X-rays			
Basic Services			
Emergency Palliative Treatment - to temporarily relieve pain	Plan Pays 80%	Plan Pays 60%	Plan Pays 60%
Periodontal Maintenance - cleanings following periodontal therapy			
Minor Restorative Services - fillings			
Endodontic Services - root canals			
Periodontic Services - to treat gum disease			
Simple Extractions - non-surgical removal of teeth			
Other Basic Services - misc. services			
Major Services			
Crown Repair - to individual crowns	Plan Pays 50%	Plan Pays 50%	Plan Pays 50%
Oral Surgery Services - surgical extractions and dental surgery			
General Anesthesia or IV Sedation - when necessary, in connection with covered oral surgery, extractions or other covered services			
Major Restorative Services - crowns			
Occlusal Adjustment - occlusal equilibration			
Adjustments and Repairs - to bridges, implants and dentures			
Prosthodontic Services - bridges, implants, and dentures			
• 6-month waiting period applies to inlay/onlay restorations, dentures, crowns and implants;			
• 12-month waiting period applies to initial placement of bridge or denture to replace one or more natural teeth.			
Orthodontic Services			
Orthodontic Services - braces	Plan Pays 50%	Plan Pays 50%	Plan Pays 50%
• 12-month waiting period; Orthodontic age limit: to the end of the month of age 19			

Important Information:

Maximum Payment - \$1,500 per person total per benefit year on all services, except cephalometric film, photos, diagnostic casts, 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, X-rays, sealants, full mouth debridement, cephalometric films, photos, and orthodontics.

Delta Dental Premier 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, X-rays, sealants, full mouth debridement, cephalometric films, photos, and orthodontics.

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

When you receive services from a Delta Dental Premier or Non-participating Dentist, the percentages in those columns 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. You are responsible for that difference.