

Delta Dental of Tennessee
Dental Benefit Highlights for
FirstFleet, Inc. #8357



Welcome to Tennessee's largest dental benefits family!

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

- It's easy to find a dentist! Four out of five dentists nationwide participate in our network.
- You have superior access to care and fee savings because of our agreements with participating dentists.
- Our 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 network dentists – there are no hidden fees.
- 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.

A Healthy Smile

Keep your smile healthy with dental benefits from Delta Dental. Your smile is a good indicator of your health. Did you know that your dentist can detect up to 120 different diseases, including diabetes and heart disease? Early detection is one of the best ways to prevent further complications.

Questions?

If you have questions, please call our Customer Service team at 800-223-3104 or look online at <https://www.DeltaDentalTN.com>.

Delta Dental PPO™ (Point-of-Service)
Coverage effective January 1, 2023

| | 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% | 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% |
| Periodontal Maintenance - cleanings following periodontal therapy | 100% | 100% | 100% |
| Basic Services | | | |
| Minor Restorative Services - fillings | 90% | 80% | 80% |
| Periodontic Services - to treat gum disease | 90% | 80% | 80% |
| Oral Surgery Services - extractions and dental surgery | 90% | 80% | 80% |
| Other Basic Services - misc. services | 90% | 80% | 80% |
| Adjustments and Repairs - to bridges and dentures | 90% | 80% | 80% |
| Major Services | | | |
| Crown Repair - to individual crowns | 60% | 50% | 50% |
| Endodontic Services - root canals | 60% | 50% | 50% |
| Major Restorative Services - crowns | 60% | 50% | 50% |
| Implant Repair - implant maintenance, repair, and removal | 60% | 50% | 50% |
| Relines and Rebase - to dentures | 60% | 50% | 50% |
| Prosthodontic Services - bridges, implants, and dentures | 60% | 50% | 50% |

** 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.*

Maximum Payment – \$1,500 per person total per Benefit Year on all services.

Maximum Carryover – If at least one Covered Service is paid in a Benefit Year and the total Benefit paid does not exceed \$500 in that Benefit Year \$250 will carry over to the next Benefit Year's Maximum Payment. This amount will accumulate from one Benefit Year to the next, but will not exceed \$1,000. If no Covered Services are paid during a Benefit Year, all accumulated carryover amounts from previous Benefit Years will be forfeited.

Deductible –

Delta Dental PPO™ Dentist - \$75 Deductible per person total per Benefit Year limited to a maximum Deductible of \$225 per family per Benefit Year. The Deductible does not apply to diagnostic, preventive, X-rays, sealants, periodontal maintenance, full mouth debridement, emergency palliative, diagnostic casts, and photos.

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 diagnostic, preventive, X-rays, sealants, periodontal maintenance, full mouth debridement, emergency palliative, diagnostic casts, and photos.

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.