

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) <i>Coverage effective January 1, 2023</i>	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%
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%
Relines and Rebase - to dentures	60%	50%	50%
Implant Repair - implant maintenance, repair, and removal	60%	50%	50%
Prosthodontic Services - bridges, implants, and dentures	60%	50%	50%
Orthodontic Services			
Orthodontic Services - braces	50%	50%	50%
Orthodontic Age Limit -	through age 18 and under	through age 18 and under	through age 18 and under

** 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 – \$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.

Maximum Carryover – If at least one Covered Service is paid in a Benefit Year and the total Benefit paid does not exceed \$625 in that Benefit Year \$350 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 \$1,250. 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 - \$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 diagnostic, preventive, X-rays, sealants, periodontal maintenance, full mouth debridement, emergency palliative, diagnostic casts, photos, and orthodontic services.

Delta Dental Premier® Dentist or Nonparticipating 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, photos, and orthodontic services.

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.