

Delta Dental of Tennessee
Certificate of Coverage – Benefit Summary Page

Group Name: FirstFleet, Inc.
Group Number: 8357
Provider Network: Delta Dental PPO™ (Point-of-Service)
Benefit Year: January 1 through December 31

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.

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%
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.

- Oral exams 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.
- Fluoride treatments are payable twice per calendar year for people age 18 and under.
- Space maintainers are payable once per area per lifetime for people age 15 and under.
- Bitewing X-rays are payable once per calendar year and full mouth X-rays (which include bitewing X-rays) or a panorex are payable once in any three-year period.
- Sealants are payable once per tooth per three-year period for first and second permanent molars for people age 15 and under. The surface must be free from decay and restorations.
- Composite resin (white) restorations are optional treatment on posterior teeth.
- Implants and implant related services are payable once per tooth in any five-year period for people age 19 and older.

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.

Special Enrollment Notations – Employees are eligible on the first day of the month coincident with or following the completion of 30 continuous days of full-time employment.

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

<https://www.DeltaDentalTN.com>

August 16, 2023

Dependent Age Limit – 26