

**Delta Dental of Tennessee**  
**Dental Benefit Highlights for**  
**Sullivan County Government #4044**



**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, 2022</i>	Delta Dental PPO™ Dentist	Delta Dental Premier® Dentist	Non-participating Dentist
	Plan Pays	Plan Pays	Plan Pays*
<b>Diagnostic &amp; Preventive</b>			
<b>Diagnostic and Preventive Services</b> - exams, cleanings, fluoride, and space maintainers	100%	100%	100%
<b>Brush Biopsy</b> - to detect oral cancer	100%	100%	100%
<b>Radiographs</b> - X-rays	100%	100%	100%
<b>Periodontal Maintenance</b> - cleanings following periodontal therapy	100%	100%	100%
<b>Basic Services</b>			
<b>Emergency Palliative Treatment</b> - to temporarily relieve pain	80%	80%	80%
<b>Sealants</b> - to prevent decay of permanent teeth	80%	80%	80%
<b>Minor Restorative Services</b> - fillings	80%	80%	80%
<b>Endodontic Services</b> - root canals	80%	80%	80%
<b>Periodontic Services</b> - to treat gum disease	80%	80%	80%
<b>Oral Surgery Services</b> - extractions and dental surgery	80%	80%	80%
<b>Other Basic Services</b> - misc. services	80%	80%	80%
<b>Adjustments and Repairs</b> - to bridges and dentures	80%	80%	80%
<b>Major Services</b>			
<b>Crown Repair</b> - to individual crowns	50%	50%	50%
<b>Major Restorative Services</b> - crowns	50%	50%	50%
<b>Relines and Rebase</b> - to dentures	50%	50%	50%
<b>Prosthetic Services</b> - bridges and dentures	50%	50%	50%
<b>Orthodontic Services</b>			
<b>Orthodontic Services</b> - braces	50%	50%	50%
<b>Orthodontic Age Limit</b> -	No Age Limit	No Age Limit	No Age Limit

\* 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** – The plan is designed to encourage yearly visits to your dentist for preventive care. The Maximum Payment for the first Benefit Year is \$2,500 per person total per Benefit Year on all services, except cephalometric film, photos, diagnostic casts, and orthodontics. If an Eligible Person obtains preventive services or periodontal maintenance services in a Benefit Year, the Maximum Payment will increase in the following Benefit Year by \$100 up to a Maximum Payment of \$3,000 per Benefit Year. If one of the required services is not received in a Benefit Year, the Maximum Payment in the following Benefit Year will be reduced to \$2,500. \$2,000 per person total per lifetime on cephalometric films, photos, diagnostic casts, and orthodontic services.

**Deductible** – \$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 oral exams, prophylaxes (cleanings), fluoride, X-rays, periodontal maintenance, full mouth debridement, diagnostic casts, 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.