

Delta Dental of Tennessee
Certificate of Coverage – Benefit Summary Page

Group Name: O R A U
Group Number: 4167
Provider Network: Delta Dental PPO (Point-of-Service)
Benefit Year: January 1 through December 31

Deductible – \$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, prophylaxes (cleanings), fluoride, X-rays, periodontal maintenance, full mouth debridement, diagnostic casts, photos, and orthodontics.

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%
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			
Emergency Palliative Treatment - to temporarily relieve pain	80%	80%	80%
Sealants - to prevent decay of permanent teeth	80%	80%	80%
Minor Restorative Services - fillings	80%	80%	80%
Endodontic Services - root canals	80%	80%	80%
Periodontic Services - to treat gum disease	80%	80%	80%
Oral Surgery Services - extractions and dental surgery	80%	80%	80%
Other Basic Services - misc. services	80%	80%	80%
Adjustments and Repairs - to bridges and dentures	80%	80%	80%
Implant Repair - implant maintenance, repair, and removal	50%	50%	50%
Major Services			
Crown Repair - to individual crowns	60%	60%	60%

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Major Restorative Services - crowns	60%	60%	60%
Relines and Rebase - to dentures	60%	60%	60%
Prosthodontic Services - bridges and dentures	60%	60%	60%
Implants - endosteal implants to replace missing teeth	50%	50%	50%
Orthodontic Services			
Orthodontic Services - braces	50%	50%	50%
Orthodontic Age Limit -	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 your dentist charges and you are responsible for that difference.

- Oral exams (including evaluations by a specialist) are payable twice in any period of 12 consecutive months.
- Prophylaxes (cleanings) are payable twice in any period of 12 consecutive months.
- 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 in any period of 12 consecutive months for people up to age 19.
- Space maintainers are payable once per area per lifetime for people up to age 15.
- Bitewing X-rays are payable once in any period of 12 consecutive months and full mouth X-rays (which include bitewing X-rays) are payable once in any three-year period, whether provided by a general dentist or specialist.
- Sealants are payable once per tooth per lifetime for the occlusal surface of first and second permanent molars up to age 16. The surface must be free from decay and restorations.
- Composite resin (white) restorations are Covered Services on posterior teeth.
- Implants and implant related services are payable once per tooth in any five-year period.

Maximum Payment – \$1,500 per person total per Benefit Year on all services, except oral exams, preventive, X-rays, full mouth debridement, periodontal maintenance, cephalometric films, photos, diagnostic casts and orthodontic services. \$1,500 per person total per lifetime on cephalometric films, photos, diagnostic casts, and orthodontic services.

Special Enrollment Notations – Employees are eligible on date of hire. Diabetics are allowed up to 4 cleanings in a 12 month period. Same sex spouses are eligible for coverage. ORAU will require a marriage certificate in order to add a same sex spouse to the plan. A marriage certificate will be required when adding a dependent to coverage as the result of a marriage. Dependent children are eligible for coverage up to age 26, regardless of marital status or availability of other group health coverage. This is required by PPACA. Delta Dental allows Group, ORAU 60 days to make a change to benefits due to a change in status event.

Dependent Age Limit – 26