

Delta Dental of Tennessee
Certificate of Coverage – Benefit Summary Page
Base Plan

Group Name: City Of Knoxville **Group Number:** 3412

Provider Network: Delta Dental PPO/Delta Premier **Benefit Year:** January 1 through December 31

Deductible - None.

Covered Services –

	PPO Dentist	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%

* 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. Nonparticipating Dentists will be paid using our 85th percentile.

- Oral exams (including evaluations by a specialist) are payable once per calendar year.
- Prophylaxes (cleanings) are payable once per calendar year. Periodontal maintenance procedures are considered optional treatment and an allowance can be made for a prophylaxis.
- 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 once per calendar year for people up to age 19.
- Space maintainers are not Covered Services.
- Bitewing X-rays are payable once per calendar year and full mouth X-rays (which include bitewing X-rays) are payable once in any three-year period.
- Implants and related services are not Covered Services.
- Crowns, dentures, and bridges over implants are not a benefit.
- Periodontal maintenance is not a covered benefit, but an allowance will be made for a prophylaxis (cleaning).

Maximum Payment - None

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

www.DeltaDentalTN.com

October 21, 2013

Special Enrollment Notations - Employees are eligible on the first day of the month following 60 days of continuous employment. City Judge eligibility determined by group.

Special Enrollment Notations - Effective 01/01/2014, Domestic Partners will be eligible for coverage under these specifications:

Special Enrollment Notations - 1. The employee's current legal spouse or qualified same or opposite gender domestic partner; excluding a common law spouse;

Special Enrollment Notations - 2. A dependent child, up to age 26, who is the employee's, employee's spouse's or qualified domestic partner's natural child, legally adopted child (including children placed for adoption), step-child, or child for whom the employee, employee's spouse or qualified domestic partner is the legal guardian or legal custodian, or a child of the employee, employee's spouse or domestic partner for whom a Qualified Medical Child Support Order has been issued;

Special Enrollment Notations - 3. An incapacitated child of the employee, employee's spouse or qualified domestic partner.

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Low Option

Group Name: City Of Knoxville **Group Number:** 3412

Provider Network: Delta Dental PPO/Delta Premier **Benefit Year:** January 1 through December 31

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, preventive, x-rays, sealants, periodontal maintenance, full mouth debridement, and cephalometric films.

Covered Services –

	PPO Dentist	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%
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			
Emergency Palliative Treatment - to temporarily relieve pain	80%	80%	80%
Minor Restorative Services - fillings	80%	80%	80%
Simple Extractions - non-surgical removal of teeth	80%	80%	80%
Other Basic Services - misc. services	80%	80%	80%
Major Services			
Crown Repair - to individual crowns	50%	50%	50%
Endodontic Services - root canals	50%	50%	50%
Periodontic Services - to treat gum disease	50%	50%	50%
Other Oral Surgery - dental surgery	50%	50%	50%
Major Restorative Services - crowns	50%	50%	50%
Anesthesia Services - when medically necessary	50%	50%	50%
Relines and Repairs - to bridges, dentures, and implants	50%	50%	50%

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Prosthodontic Services - bridges, implants, and dentures	50%	50%	50%
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- 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 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 per calendar year and full mouth X-rays (which include bitewing X-rays) are payable once in any three-year period.
- 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 - \$1,000 per person total per Benefit Year on all services, except diagnostic, preventive, x-rays, sealants, full mouth debridement, periodontal maintenance, casts, photos, and cephalometric film.

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Special Enrollment Notations - 1. The employee's current legal spouse or qualified same or opposite gender domestic partner; excluding a common law spouse;

Special Enrollment Notations - 2. A dependent child, up to age 26, who is the employee's, employee's spouse's or qualified domestic partner's natural child, legally adopted child (including children placed for adoption), step-child, or child for whom the employee, employee's spouse or qualified domestic partner is the legal guardian or legal custodian, or a child of the employee, employee's spouse or domestic partner for whom a Qualified Medical Child Support Order has been issued;

Special Enrollment Notations - 3. An incapacitated child of the employee, employee's spouse or qualified domestic partner.

Delta Dental of Tennessee
Certificate of Coverage – Benefit Summary Page
High Option

Group Name: City Of Knoxville **Group Number:** 3412

Provider Network: Delta Dental PPO/Delta Premier **Benefit Year:** January 1 through December 31

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, preventive, x-rays, sealants, periodontal maintenance, full mouth debridement, cephalometric films, diagnostic casts, photos, and orthodontics.

Covered Services –

	PPO Dentist	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%
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			
Emergency Palliative Treatment - to temporarily relieve pain	80%	80%	80%
Minor Restorative Services - fillings	80%	80%	80%
Simple Extractions - non-surgical removal of teeth	80%	80%	80%
Other Basic Services - misc. services	80%	80%	80%
Major Services			
Crown Repair - to individual crowns	50%	50%	50%
Endodontic Services - root canals	50%	50%	50%
Periodontic Services - to treat gum disease	50%	50%	50%
Other Oral Surgery - dental surgery	50%	50%	50%
Major Restorative Services - crowns	50%	50%	50%
Anesthesia Services - when medically necessary	50%	50%	50%
Relines and Repairs - to bridges, dentures, and implants	50%	50%	50%

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Prosthodontic Services - bridges, implants, and dentures	50%	50%	50%
Orthodontic Services			
Orthodontic Services - braces	50%	50%	50%
Orthodontic Age Limit -	Up to age 19	Up to age 19	Up to age 19

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- 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 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 per calendar year and full mouth X-rays (which include bitewing X-rays) are payable once in any three-year period.
- 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 diagnostic, preventive, x-rays, sealants, full mouth debridement, periodontal maintenance, casts, photos, cephalometric film, and orthodontics. \$1,500 per person total per lifetime on cephalometric film, photos, diagnostic casts, and orthodontic services.

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Special Enrollment Notations - 2. A dependent child, up to age 26, who is the employee's, employee's spouse's or qualified domestic partner's natural child, legally adopted child (including children placed for adoption), step-child, or child for whom the employee, employee's spouse or qualified domestic partner is the legal guardian or legal custodian, or a child of the employee, employee's spouse or domestic partner for whom a Qualified Medical Child Support Order has been issued;

Special Enrollment Notations - 3. An incapacitated child of the employee, employee's spouse or qualified domestic partner.

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October 21, 2013

Policy Endorsement No. 3412

Attached to and forming a part of the agreement to provide Dental Care Benefits between **Delta Dental of Tennessee and City of Knoxville (High and Low Options Only)**.

It is agreed and understood that effective **01/01/2014**:

BENEFITS:

Charges for diagnostic and preventive services will not count toward the annual maximum.

Please attach to your contract. No other action is necessary.

Policy Endorsement No. 3412

Attached to and forming a part of the agreement to provide Dental Care Benefits between **Delta Dental of Tennessee and City of Knoxville.**

It is agreed and understood that effective **01/01/2014:**

ELIGIBILITY:

- The employee's current legal spouse or qualified same or opposite gender domestic partner; excluding a common law spouse;
- A dependent child, up to age 26, who is the employee's, employee's spouse's or qualified domestic partner's natural child, legally adopted child (including children placed for adoption), step-child, or child for whom the employee, employee's spouse or qualified domestic partner is the legal guardian or legal custodian, or a child of the employee, employee's spouse or domestic partner for whom a Qualified Medical Child Support Order has been issued;
- An incapacitated child of the employee, employee's spouse or qualified domestic partner.

Please attach to your contract. No other action is necessary.