Delta Dental of Tennessee provides benefits that are easy to use. See inside for details on how your dental plan can help protect your health.
Thank you for joining the State of Tennessee’s Preferred Dental Organization option. We are proud to be the administrator for this plan. This booklet provides you with information to help you make the most of your benefits.

The Benefits of Dental Care
Did you know your dentist is a disease detective? A dentist can spot more than 120 disease symptoms.1 Signs of heart disease, diabetes, anemia, and kidney failure may appear in the mouth and throat. Your dentist can check for symptoms of these and other illnesses during a routine visit.

If you have certain health conditions, you may be able to get added dental benefits. People with heart disease, diabetes, and suppressed immune systems may be able to get additional cleanings.* Studies have shown that taking extra care of your mouth and gums can help with other health issues.

Your dentist is also on the front line to spot early signs of oral cancer. Nearly 37,000 Americans are diagnosed with oral cancer each year, and the five-year survival rate is only 55 percent. It can jump to almost 90 percent when the cancer is diagnosed in early stages.2

Preventive care may help you reduce your health care costs. Make sure you see your dentist this year!

Your Benefits, 24/7
It is very easy to look up your benefit information with our online Consumer Toolkit. You can access the Toolkit 24 hours a day, seven days a week.

With Consumer Toolkit, you can:
• Print ID cards
• Check eligibility
• Review up-to-date benefit information, including your available maximum
• Check current and previous claims

To log in:
• Go to www.DeltaDentalTn.com/statetn. Click on “Consumer Toolkit.”
• You will need to register on your first visit. Click on “Register Now.” Follow the prompts to complete your registration.
• You can find the information you need using the menu on the left side of the screen.

Need help? Click on the Help link or call us at (800) 223-3104.

Help us go GREEN!
You can use the Consumer Toolkit to sign up for paperless Explanation of Benefits (EOB) Statements. An Explanation of Benefits is a document you may receive after your dental visit. It will tell you what procedures were provided and your benefits.

To sign up:
• Log in to the Consumer Toolkit.
• On the Welcome Screen, you should see a message that says “Go Green!” Click on “CLICK HERE.”
• Check the box next to “Paperless Delivery.”
• Enter an email address where you can receive your electronic EOB notice.
• Click “Save.”

*Review your Certificate of Coverage for specific requirements.
### Benefit Summary

**Waiting Periods:** Waiting periods begin on your effective date.

**Maximum Plan Allowance (MPA)** – You are not responsible for charges exceeding the MPA if you go to a participating Delta Dental PPO<sup>SM</sup> dentist. You are responsible for charges exceeding the MPA if you go to a non-participating dentist. The MPA charges are based on fees charged in your geographic area.

If you drop your coverage while eligible, you cannot re-enroll in the plan until the next annual enrollment transfer period following 12 consecutive months without coverage, unless you have a life status change.

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**State of Tennessee’s PDO Option Plan**

<table>
<thead>
<tr>
<th>ACTIVE EMPLOYEE RATES</th>
<th>RETIREE RATES</th>
<th>Delta Dental PPO Network Benefits</th>
<th>Out of Network Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Employee Only</strong></td>
<td><strong>Retiree Only</strong></td>
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<tr>
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<td><strong>Retiree + Family</strong></td>
<td>$75.71</td>
<td>$97.76</td>
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</tbody>
</table>

**Calendar Year Maximum** amount per person per year for all expenses from in-network and out-of-network providers combined.

- $1500

**Lifetime Orthodontics Maximum** amount per person per lifetime for all expenses from in-network and out-of-network providers combined.

- $1250

**Annual Deductible**

- Deductible does not apply to Diagnostic and Preventive Services

  - No Deductibles
  - $100 Per Person
  - $300 Per Family

**Diagnostic and Preventive Services**

- Oral examinations – 2 in a calendar year
- Prophylaxis (cleanings) – 2 in a calendar year
- Bitewing x-rays – 1 set in 2 years for adults; 18 months for ages 12 to 18; a calendar year for ages less than 12.
- Sealants to age 17
- Fluoride treatment to age 14
- Space maintainers to age 14
- Evidence-based benefits (up to 4 cleanings per calendar year for certain members with high-risk health conditions)

**Basic Services**

- Restorative (fillings)
- X-rays
- Simple extractions

**Major Services**

- Denture repair
- Denture rebase & reline
- Endodontics (root canal therapy)
- Oral surgery (extractions including surgical removal of teeth)
- Periodontics (treatment of gums and bones supporting teeth)
- Implants **12-month waiting period**
- Bridges (fixed and removable) **12-month waiting period**
- Partial dentures **12-month waiting period**
- Full dentures **12-month waiting period**
- Crowns and cast restorations **12-month waiting period**

**Orthodontic Services **12-month waiting period**

- For dependents to age 19

<table>
<thead>
<tr>
<th>Delta Dental PPO Network Benefits</th>
<th>Out of Network Benefits</th>
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<tbody>
<tr>
<td>100%*</td>
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If you drop your coverage while eligible, you cannot re-enroll in the plan until the next annual enrollment transfer period following 12 consecutive months without coverage, unless you have a life status change.
Frequently Asked Questions (FAQs)

Q. Who Is Eligible For the PDO Plan?
A. You, your spouse and eligible dependents under the age of 26 can get dental coverage under this plan. Review a copy of the State of Tennessee Eligibility and Enrollment Guide to see if your dependent is eligible. You can get a copy of this guide from your agency benefits coordinator.

Q. What Dentists Can I Visit With This Plan?
A. You may choose any dentist with this plan. It is best to visit a dentist in Delta Dental’s PPO network. Here are some reasons why:

- In-Network Benefits. You will save the most money and get the most from this plan when you visit a dentist in the Delta Dental PPO network.

- A Delta Dental PPO Dentist will fill out and submit claim forms at no charge to you. Dentists who are not in the PPO network may require you to fill out forms or pay a service charge.

- Delta Dental pays dentists in the PPO network an agreed upon amount known as the maximum plan allowance. You will only have to pay your co-insurance amount if you see a Delta Dental PPO Dentist. That means you are not responsible for charges that exceed the maximum plan allowance. There is no deductible when you visit a Delta Dental PPO Dentist.

- Delta Dental PPO Dentists will not charge you more than your co-insurance amount. You do not have to pay the whole bill and wait for reimbursement.

- A dentist outside the Delta Dental PPO network may charge more than the maximum plan allowance. If you see a dentist who charges more than the maximum plan allowance, you have to pay the difference between the maximum plan allowance and the dentist’s fees, plus your deductible and/or co-insurance. You may also have to pay the entire bill in advance and wait for reimbursement.

Q. Where Do I Get Answers To Questions About Dentists or Claims?
A. There are many ways to find answers to your questions about dentists and claims.

Visit our Web site at www.DeltaDentalTn.com/statetn. There you can:

- Find out if your current dentist is in the Delta Dental PPO network
- View your benefits
- Print an ID card
- Check eligibility
- Check claims status

Contact Us By Phone
Call us at (800) 223-3104. Our automated phone system is available to quickly answer your questions 24 hours a day, seven days a week.

Should you need more help, our Customer Service Representatives can answer your questions Monday through Friday from 7 a.m. to 5 p.m. Central.

Talk To Your Dentist
Talk to your dentist and ask if he or she is in the Delta Dental PPO network.

Q. How Do I Start Receiving Treatment?
A. On or after your effective date of coverage, you may call your dentist and make an appointment.

If your dentist is in the Delta Dental PPO network, he or she will complete and submit a claim for you at no charge.

If you go to a dentist that is not in our PPO network, you may have to submit your claim to:

Delta Dental of Tennessee
240 Venture Circle
Nashville, TN 37228

Q. How Do I Pre-Determine My Benefits?
A. You may want to know how much your dental work is going to cost before treatment. Ask your dentist to request a pre-determination. A pre-determination will tell you how much the services will cost. It will also tell you how much you will have to pay. Pre-determinations are not required and are not a guarantee of benefits.
Q. What is Balance Billing?
A. The dentists in the Delta Dental PPO network have agreed to accept a maximum fee for covered procedures. This is the maximum plan allowance (MPA). Dentists in the PPO network have agreed to accept the MPA as full payment and will not bill you for any fees above the MPA.

If you visit a dentist outside the Delta Dental PPO network, you will have to pay for fees above the MPA. This is balance billing. You will also have to pay for your deductible and/or co-insurance.

Delta Dental “Safety Net”—You will save the most money by visiting a dentist in the Delta Dental PPO network. You can also save money by visiting a dentist in the Delta Dental Premier network. Delta Dental has negotiated rates with dentists in the Premier Network, which may save you and your family money over seeing a dentist who is not a PPO or Premier dentist. The amount you may be balance-billed is limited if you see a dentist in the Premier network.

To find out if your dentist is a Delta Dental Premier Dentist, visit our Web site at www.DeltaDentalTn.com/statetn or call your dentist’s office.

Q. What If My Family Is Covered By Two Dental Programs (Dual Coverage)?
A. The first or ‘primary’ carrier is the one that covers you as the primary enrollee. For example, if you and your spouse have different dental plans, your primary carrier is the one provided at your work.

If your children are covered by two or more dental programs, the primary carrier is determined by the “Birthday Rule.” The Birthday Rule means the dental carrier of the parent or guardian whose birthday comes first in the calendar year is the primary carrier. This Birthday Rule may be superseded by a divorce or court ruling.

Delta Dental will work with the primary carrier so the costs for a treatment are not paid twice. Delta Dental's payment will be based on how much remains after the primary carrier pays. Delta Dental and the primary carrier will not pay more than the total amount submitted by the dentist.

The purpose of this plan is to help you meet the cost of dental care. It is not intended to provide benefits greater than actual expenses that are incurred. In all cases, the benefits under both plans will not total more than the dentist’s billed fees.

Q. What Is Not Covered?
A. Delta Dental of Tennessee does not pay benefits for the following:
- Treatment for anything that would be covered by Workers Compensation or Employer Liability Laws.
- Free services from any federal, state, or local agency. Depending on state law, this may not apply.
- Services performed for looks rather than health, such as teeth whitening.
- Services for hereditary or developmental malformations, such as cleft palate and upper and lower jaw malformations. If Orthodontic Benefits are provided, some of these services may be covered.
- Treatment needed for wear on the teeth, such as erosion due to teeth grinding.
- Treatment to rebuild or maintain chewing surfaces when teeth are out of alignment, or treatment to stabilize teeth.
- Fees associated with instruction on proper oral hygiene and diet, treatment for drugs or medication, unproven treatments, conscious sedation and grafting of tissues formed outside the mouth to oral tissues.
- Charges from a hospital or other surgical treatment facility. Also includes dentist fees for treatment at these facilities.
- Treatment for the jaw joint or myofacial pain dysfunction.
- General Anesthesia or I.V. Sedation is only covered when given by a licensed DENTIST. The Anesthesia or Sedation must be given in a dental office and must be used for a covered procedure or when medically necessary because of concurrent medical conditions.
- The original placement of a denture that replaces natural teeth already missing when the person’s coverage begins.
- Services by a dentist beyond the scope of his or her license.
- Dental services for which the member is not charged.

While this brochure highlights some of the features of our plan, this is not a Certificate of Coverage (COC). You will receive (or have already received if currently enrolled) a COC that has complete details about your dental plan.

You may also review your COC online at www.DeltaDentalTn.com/statetn.