

**Delta Dental of Tennessee**  
**Dental Benefit Highlights for**  
**City Of Knoxville #3412**



Delta Dental PPO (Point-of-Service)  
 Coverage effective January 1, 2014

	Base Plan		Low Option Plan		High Option Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Calendar Year Maximum</b>						
Per person total per Calendar Year on all services, except diagnostic, preventive, x-rays, sealants, full mouth debridement, periodontal maintenance, casts, photos, and cephalometric film.	No Maximum		\$1000		\$1500	
<b>Annual Deductible – Applies to Class II and Class III Services</b>						
Individual	None		\$50		\$50	
Family	None		\$150		\$150	
<b>Class I – Preventative &amp; Diagnostic</b>						
<b>Diagnostic and Preventive Services</b> - includes exams, routine cleanings and fluoride	100%	100%	100%	100%	100%	100%
<b>Space Maintainers</b>	Not Covered	Not Covered	100%	100%	100%	100%
<b>Sealants</b> - to prevent decay of permanent teeth	Not Covered	Not Covered	100%	100%	100%	100%
<b>Brush Biopsy</b> - to detect oral cancer	100%	100%	100%	100%	100%	100%
<b>Radiographs</b> - Bitewing x-rays****, Full mouth x-rays and Panoramic x-ray	100%	100%	100%	100%	100%	100%
<b>Periodontal Maintenance</b> - cleanings by a specialist	Not Covered	Not Covered	100%	100%	100%	100%
<b>Class II -- Basic Restorative Care</b>						
<b>Emergency Palliative Treatment</b> - to temporarily relieve pain	Not Covered	Not Covered	80%	80%	80%	80%
<b>Minor Restorative Services</b> - fillings			80%	80%	80%	80%
<b>Simple Extractions</b> - non-surgical removal of teeth	Not Covered	Not Covered	80%	80%	80%	80%
<b>Other Basic Services</b> - misc. services			80%	80%	80%	80%
			No Waiting Period		No Waiting Period	
<b>Class III – Major Restorative Care</b>						
<b>Crown Repair</b> - to individual crowns	Not Covered	Not Covered	50%	50%	50%	50%
<b>Endodontic Services</b> - root canal therapy			50%	50%	50%	50%
<b>Periodontic Services</b> - to treat gum disease			50%	50%	50%	50%
<b>Other Oral Surgery</b> - dental surgery, including surgical extractions of impacted teeth			50%	50%	50%	50%
<b>Major Restorative Services</b> - crowns			50%	50%	50%	50%
<b>Anesthesia Services</b> - when medically necessary			50%	50%	50%	50%
<b>Relines and Repairs</b> – to bridges, dentures, and implants			50%	50%	50%	50%
<b>Prosthodontic Services</b> - includes bridges, implants, and dentures			50%	50%	50%	50%
			No Waiting Period		No Waiting Period	
<b>Class IV -- Orthodontia</b>						
<b>Orthodontic Services</b> - includes braces	Not Covered	Not Covered	Not Covered	Not Covered	50%	50%
<b>Lifetime Orthodontic Maximum</b> – per person total per lifetime on cephalometric film, photos, diagnostic casts, and orthodontic services.					\$1500	\$1500
<b>Orthodontic Age Limit</b>					Up to age 19	Up to age 19
					No Waiting Period	

**High Option and Low Option Plans** – Allow 2 Oral Exams, 2 Routine Cleanings and 1 set of Bitewing x-rays per calendar year.

**Base Plan** – Allows 1 Oral Exam, 1 Routine Cleaning and 1 set of Bitewing x-rays per calendar year.

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.