

TVA RETIREES

Group # 1500

Premier Network

Delta Dental Benefits	
Calendar Year Maximum Per Individual	\$1,500
Calendar Year Deductible Per Individual Applies to Basic and Major	Per Person \$50 Family \$150
Diagnostic and Preventive Services <ul style="list-style-type: none"> • Oral examinations (2 exams in a 12 month period) • Prophylaxis cleanings (limit of 2 in 12 month period) • X-rays (covered as required but not more frequently than 1 set of bitewing x-rays in a 12 month period; full mouth x-rays once every 36 months) • Fluoride treatment (covered not more than twice in a 12 month period for persons to age 19) • Space maintainers to age 14 	100%*
Basic Services <ul style="list-style-type: none"> • Restorative (fillings) • Sealants to age 16 • Simple Extractions • Repairs (full and partial dentures) 	80%*
Major Services <ul style="list-style-type: none"> • Crowns • Bridges • Periodontics (treatment of gums and bones supporting teeth) • Endodontics (root canal therapy) • Oral Surgery • Full and Partial Dentures • Denture Reline & Rebase 	50%*

**Maximum Plan Allowance (MPA) - You are not responsible for charges exceeding the MPA if you go to a participating Delta 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.*

Introduction to Delta Dental

This is a brief description of the most important features of the Delta Dental program. This program allows you to go to any dentist however it is to your advantage to select a participating Delta dentist. There are more than 109,000 Participating Delta Dentists in the United States.

Finding a Participating Delta Dentist - There are more than 134,000 Delta Dental offices in the United States. To locate a participating provider, visit Delta Dental's web site at www.deltadentaltn.com (choose DeltaPremier), or call our Customer Service Department at 1-800-223-3104.

This form is not a contract of insurance. Terms and conditions are set forth in the Master Group Policy issued directly to your employer.

Delta Dental Plan of Tennessee
240 Venture Circle
Nashville, TN 37228
1-800-223-3104
www.deltadentaltn.com

MONTHLY RATES

Employee Only: \$31.68
Family: \$74.76

(Other payment options may be available for those who do not receive a pension check. If your payment is not made on an annual basis or monthly deduction from TVARS, there will be a service fee of \$1.00 per transaction.)

Please see your enclosed enrollment form for payment options.

Choosing Your Dentist

You may choose any licensed dentist. However, it is to your advantage to choose a participating Delta dentist. Here's why:

- Claim forms will be completed and submitted at no charge. Non-participating dentists may require you to complete forms yourself or to pay a service charge.
- Payment will be based on Delta's Maximum Plan Allowance fee. You only have to pay your co-insurance; you are not responsible for charges exceeding the Maximum Plan fee.
- Because Delta reimburses its dentists directly, they agree to charge you no more than your co-insurance and/or deductible; you don't have to pay the whole bill and wait for reimbursement.
- If a non-participating dentist's fees exceed the industry average Maximum Plan Allowance, you must pay the difference plus your co-insurance. You may also have to pay the entire bill in advance.

The Advantage of Pre-determination

If you're thinking about having dental work done which will cost more than \$300, ask your dentist to request a pre-determination before starting treatment. This will ensure that you know approximately how much the work will cost, what Delta will pay and what will be your responsibility.

ID Cards

Your Delta Dental ID card will be issued from Delta Dental of Tennessee. However, this is a national network of providers and Associates may receive services from any Delta Dental provider in the country.

Other Coverage

If you currently have other dental coverage, this plan will be secondary.

- Cosmetic surgery or procedures for purely cosmetic reasons; services for congenital or developmental malformations; treatment to rebuild or maintain chewing surfaces due to teeth out of alignment or occlusion; treatment to stabilize teeth (equilibration, periodontal splitting).
- Services for any disturbance of the temporomandibular joints (jaw joints) or myofascial pain dysfunction.
- Services rendered by a Dentist beyond the scope of his license; services performed by any person other than a dentist or auxiliary personnel legally authorized to perform services under the supervision of a dentist.
- Charges by any hospital or other surgical or treatment facility and any additional fees charged by the dentist for treatment in any such facility.
- Oral hygiene instruction, dietary instructions, prescribed drugs or other medication, experimental procedures, oral graft or conscious sedation. Gold foil restorations are treated as an Optional Service.
- Implants or surgical removal of implants.
- Charges for general anesthesia, other than by a dentist properly licensed to administer general anesthesia in connection with covered oral surgery services.
- Dental services for which the eligible person incurs no charge; dental services to the extent that charges for such services exceed what would have been made and actually collected if no coverage existed hereunder.
- A posterior bridge where a partial denture in the same arch is not a covered benefit.
- Temporary partial dentures are a benefit only when anterior teeth are missing.
- Porcelain, gold or veneer crowns are not covered benefits for children under 12; nor fixed bridges or cast partials for children under 16.
- Services for injuries or conditions which are compensable under Worker's Compensation or Employer's Liability Laws; services which are provided to the eligible person by any Federal, State or local agency, unless this exclusion is prohibited by law.

What is Not Covered?

IF YOU DROP COVERAGE, YOU MAY NEVER RE-ENROLL