

TVA RETIREES

Group # 1500

Delta Dental Premier Network					
Calendar Year Maximum Per Individual	\$1,500				
Calendar Year Deductible Applies to Basic and Major	<table style="width: 100%; border: none;"> <tr> <td style="width: 100px;">Per Person</td> <td style="text-align: right;">\$50</td> </tr> <tr> <td>Family</td> <td style="text-align: right;">\$150</td> </tr> </table>	Per Person	\$50	Family	\$150
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 • Implants 	50%				

Age and frequency limitations apply. For a detailed description of your benefit plan, please review your Certificate of Coverage

Finding a Participating Delta Dentist

There are over 171,000 participating dental locations in the nation. To verify participation status, visit Delta Dental's web site at www.DeltaDentalTn.com (choose Delta Dental Premier), call our Customer Service Department at 615-255-3175 inside the Nashville calling area or 1-800-223-3104 outside of Nashville, ask your group administrator, or simply ask your dentist if he/she is a participating Delta dentist.



**240 Venture Circle
Nashville, TN 37228
1-800-223-3104
(615) 255-3175
www.DeltaDentalTn.com**

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.

MONTHLY RATES

Employee Only: \$33.26
Family: \$78.50

When do Benefits Start?

Benefits are available immediately for any services you receive after the effective date of your plan.

(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.)

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

Please see your enclosed enrollment form for payment options.

IF YOU DROP COVERAGE, YOU MAY NEVER RE-ENROLL

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 that will cost you more than \$300, ask your dentist to request a pre-determination before starting treatment. This will let you know approximately how much the work will cost and what your share of the costs will be. Pre-determination is not a guarantee of benefits.

Optional Services

Services that a subscriber or covered dependent decide to have provided which are more expensive than those that Delta Dental of Tennessee pays for are called Optional Services. In these cases, Delta Dental of Tennessee's payment will be limited to what would normally be paid and the subscriber will be responsible for the remainder of the dentist's fee.

For example, if your benefit plan allows for amalgams only even though a metal or porcelain inlay is suggested by your dentist, Delta Dental of Tennessee will pay for only the cost of the amalgam.

What is not Covered?

- Cosmetic surgery or procedures for purely cosmetic reasons; services for congenital or developmental malformations; treatment to restore tooth structure lost from wear; treatment to rebuild or maintain chewing surfaces due to teeth out of alignment or occlusion; treatment to stabilize teeth (equilibration, periodontal splinting or double abutting on bridges).
- 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, or conscious sedation.
- General anesthesia is only a benefit when administered by a properly licensed dentist in connection with covered 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.
- 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.

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