

Delta Dental of Tennessee
Certificate of Coverage – Benefit Summary Page

Group Name: University Physicians Association, Inc.
Group Number: 1692
Provider Network: Delta Dental PPO (Point-of-Service)
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, prophylaxis, fluoride, x-rays, periodontal maintenance, and full mouth debridement.

Covered Services –

	Delta Dental PPO Dentist	Delta Dental 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%
Periodontal Maintenance - cleanings following periodontal therapy	100%	100%	100%
Basic Services			
Emergency Palliative Treatment - to temporarily relieve pain	90%	80%	80%
Sealants - to prevent decay of permanent teeth	90%	80%	80%
Minor Restorative Services - fillings	90%	80%	80%
Endodontic Services - root canals	90%	80%	80%
Periodontic Services - to treat gum disease	90%	80%	80%
Oral Surgery Services - extractions and dental surgery	90%	80%	80%
Other Basic Services - misc. services	90%	80%	80%
Adjustments and Repairs - to bridges and dentures	90%	80%	80%
Major Services			
Crown Repair - to individual crowns	60%	50%	50%
Major Restorative Services - crowns	60%	50%	50%
Implant Repair - implant maintenance, repair, and removal	60%	50%	50%

Relines and Rebase - to dentures	60%	50%	50%
Prosthodontic Services - bridges, implants, and dentures	60%	50%	50%

* 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.

- Oral exams (including evaluations by a specialist) are payable twice in any period of 12 consecutive months.
- Prophylaxes (cleanings) are payable twice in any period of 12 consecutive months.
- 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 in any period of 12 consecutive months 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 in any period of 12 consecutive months and full mouth X-rays (which include bitewing X-rays) are payable once in any three-year period, whether provided by a general dentist or specialist.
- 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.

Special Enrollment Notations – Employees are eligible on the first day of the month following 1 month of continuous employment. This group allows coverage for opposite sex and same sex domestic partners as well as children of domestic partners.

Dependent Age Limit – 26