

Benefits, Limitations and Exclusions

Delta Dental of Tennessee (Delta Dental) will pay the benefits for the types of dental services as described below. Delta Dental will pay benefits only for covered services. These services must be provided by a dentist and must be necessary and customary under generally accepted dental practice standards. Delta Dental may use dental consultants to review treatment plans, diagnostic materials and/or prescribed treatments to determine generally accepted dental practices.

Diagnostic & Preventive Benefits, Limitations & Exclusions

- Oral examinations and cleanings (prophylaxis).
- Oral exams and cleanings, to include periodontal maintenance procedures, are limited to two times in any 12 month period.
 - Members with high risk health conditions may receive a total of four cleanings, to include periodontal maintenance procedures, in any 12 month period. Eligible members include:
 - Diabetics with periodontal disease
 - Pregnant women with periodontal disease
 - Individuals with renal failure/dialysis
 - Individuals with suppressed immune systems (undergoing chemotherapy or radiation treatment, HIV positive, organ transplant patients, stem cell/bone marrow transplant patients)
- Adult prophylaxis for members under 14 years of age is not allowed.
- Comprehensive oral examinations or extensive oral examinations performed by the same dentist are allowed once within 36 months.
- X-rays.
 - One set of bite-wing x-rays is covered in a 12 month period.
 - Full mouth x-rays are covered once within 3 years, unless special need is shown.
- Fluoride. Topical application of fluoride is covered for members up to 19 years of age.
- Space maintainers. Space maintainers are covered for members 14 years of age and under.

Sealant Benefits, Limitations & Exclusions

- Sealants – resin filling used to seal grooves and pits on the chewing surface of permanent molar teeth.
 - A sealant is a benefit only on the unrestored, decay free chewing surface of the maxillary (upper) and mandibular (lower) permanent first and second molars.
 - Sealants are only a benefit on members under 16 years of age.
 - Only one benefit will be allowed for each tooth within a lifetime.

Basic Benefits, Limitations & Exclusions

- Simple extractions.
- General Anesthesia & I.V. Sedation is covered only when administered by a properly licensed dentist in a dental office in conjunction with covered surgery procedures or when necessary due to concurrent medical conditions.
- Minor Restorations – amalgams (silver fillings) composites (white fillings) and prefabricated stainless steel crown restorations for the treatment of decay.

- Restorative benefits are allowed once per surface in a 24 month period, regardless of the number or combinations of procedures requested or performed.
- The replacement, by the same dentist or dental office, of amalgam or composite restorations within 24 months is not allowed.
- The replacement, by the same dentist or dental office, of a stainless steel crown within 24 month of the initial placement is not allowed.
- Gold foil restorations and porcelain, composite, and metal inlays are Optional Services.
- Denture Repairs – services to repair complete or partial dentures.

Oral Surgery Benefits, Limitations & Exclusions.

- Oral Surgery – complex extractions and other surgical procedures (including pre- and post-operative care).

Endodontic Benefits, Limitations & Exclusions

- Endodontia – treatment of the dental pulp (root canal procedures).
 - Payment for root canal treatment includes charges for x-rays and temporary restorations.
 - Root canal treatment is limited to once in a 24 month period by the same dentist or dental office.

Periodontic Benefits, Limitations & Exclusions

- Periodontia – treatment of the gums and bones that surround the tooth.
 - Payment for periodontal surgery shall include charges for three months post-operative care and any surgical re-entry for a three year period.
 - Root planing, curettage and osseous surgery are not a benefit for members under 14 years of age.
 - Scaling and root planing procedures are allowed once within 24 months.
 - A Graft using synthetic materials is not a benefit.

Teeth Whitening and Bleaching Benefits, Limitations and Exclusions

- External bleaching procedures are covered once per 12 month period per arch; internal bleaching procedures are covered once per tooth per 12 month period.

Major Restorative Benefits, Limitations & Exclusions

- Cast Restorations. Crowns and onlays are benefits for the treatment of visible decay and fractures of hard tooth structure when teeth are so badly damaged that they cannot be restored with amalgam or composite restorations.
 - Replacement of crowns or cast restorations received in the previous five years is not a benefit. Payment for cast restorations shall include charges for preparations of tooth and gingiva, crown build-up, impression, temporary restoration and any re-cementation by the same dentist within a 12 month period.
 - A cast restoration on a tooth that can be restored with an amalgam or composite restoration is not a benefit.
 - Porcelain, gold or veneer crowns for children under 12 years of age are not a benefit.
- Veneers. Laminate veneers are covered for members 12 years of age and older for anterior teeth. Limited to one per tooth per 60 months.

Prosthodontic Benefits, Limitations & Exclusions

- Prosthodontics. Procedures for construction of fixed bridges, partial or complete dentures and repair of fixed bridges.
 - Replacement of any fixed bridges or partial or complete dentures that the member received in the previous five years is not a benefit.
 - Payment for a complete or partial denture shall include charges for any necessary adjustment within a six month period.
 - Payment for standard dentures is limited to the maximum allowable fee for a standard partial or complete denture. A standard denture means a removable appliance to replace missing natural, permanent teeth. A standard denture is made by conventional means from acceptable materials. If a denture is constructed by specialized techniques and the fee is higher than the fee allowable for a standard denture, the patient is responsible for the difference.
 - Payment for fixed bridges or cast partials for children under 16 years of age is not a benefit.
 - A posterior bridge where a partial denture is constructed in the same arch is not a covered benefit.
 - Temporary partial dentures are a benefit only when upper anterior teeth are missing.
- Complete or Partial Denture Reline and Rebase procedures. Payment for a reline or rebase of a partial or complete denture is limited to once in a three year period and includes all adjustments required for six months after delivery.

Implant Benefits, Limitation and Exclusions

- Implants. The surgical placement of an endosteal (in the bone) implant and the connecting abutment are covered benefits.
 - Replacement of implants or abutments received in the previous five years is not a benefit.
 - The removal of an implant is allowed once per lifetime.
 - Specialized techniques are not benefits (ie. bone grafts, guided tissue regeneration, precision attachments, etc.)
 - Implant maintenance procedures are allowed once in a 12 month period.

Orthodontic Benefits, Limitations and Exclusions

- Orthodontics. Procedures using appliances to treat poor alignment of teeth and/or jaws. Such poor alignment must significantly interfere with function to be a benefit.
 - Delta Dental shall make regular payments for orthodontic benefits.
 - If orthodontic treatment began prior to enrolling in this plan, Delta Dental will begin benefits with the first payment due the dentist after the subscriber or covered dependent becomes eligible.
 - Benefits end with the next payment due the dentist after loss of eligibility or immediately if treatment stops.
 - Benefits are not paid to repair or replace any orthodontic appliance received.
 - Orthodontic benefits do not pay for extractions or other surgical procedures. However, these additional services may be covered under other benefits of this

plan.

- The initial payment (initial banding fee) made by Delta Dental for comprehensive treatment will be 33% of the total fee for treatment subject to your copayment percentage and lifetime maximum.
- Subsequent payments will be issued on a regular basis for continuing active orthodontic treatment. Payments will begin in the month following the appliance placement date and are subject to your copayment percentage and lifetime maximum.

EXCLUSIONS

Delta Dental does not pay benefits for:

- Treatment of injury or illness covered by Workers' Compensation or Employer's Liability Laws.
- Services received without cost from any federal, state or local agency. This exclusion will not apply if prohibited by law.
- Services for congenital (hereditary) or developmental malformations. Such malformations include, but are not limited to, cleft palate, upper and lower jaw malformations. This does not exclude those services provided under Orthodontic benefits, if covered.
- Treatment to restore tooth structure lost from wear.
- Treatment to rebuild or maintain chewing surfaces due to teeth out of alignment or occlusion; or treatment to stabilize the teeth. For example: equilibration, periodontal splinting and double abutments on bridges.
- Oral hygiene and dietary instructions, treatment for desensitizing teeth, prescribed drugs or other medication, experimental procedures, conscious sedation, and extra oral grafts (grafting of tissues from outside the mouth to oral tissues).
- Charges by any hospital or other surgical or treatment facility and any additional fees charged by the dentist for treatment in any such facility.
- Diagnosis or treatment for any disturbance of the temporomandibular joints (jaw joints) or myofascial pain dysfunction.
- Services by a dentist beyond the scope of his license.
- Dental services for which the member incurs no charge.
- Dental services where charges for such care exceed the charge that would have been made and actually collected if no coverage existed.
- General Anesthesia or I.V. Sedation is a benefit only when administered by a properly licensed DENTIST. It must be take place in a dental office in conjunction with covered surgical procedures or when necessary due to concurrent medical conditions.

ELIGIBILITY AND ENROLLMENT

- To be eligible for this individual dental plan, the Subscriber must be a resident of the State of Tennessee.
- Dependents will become eligible along with the Subscriber or as soon after that as they become Dependents. The following family members of the Subscriber may be considered Dependents:
 - Lawful husband or wife;
 - Children from birth to the Dependent Age Limit stated on the Declaration Page. "Child" includes a natural child, step child, adopted child, foster child or a child for which the

Subscriber is legal guardian.

- A child reaching the Dependent Age Limit may continue to be eligible. Such Dependent child must not be able to support them self because of mental incapacity or physical handicap. Such disabling condition shall have begun before reaching the Dependent Age Limit. Proof of these facts must be given to Delta Dental within 31 days if requested. Proof will not be required more than once a year.
- Dependents in military service are not eligible.
- A Qualified Life Status Change will be defined by current Federal law.
- Any Member who drops coverage may only re-apply for coverage after having been out of the plan for 12 consecutive months except in the event of a related Qualified Life Status Change.
- For coverage to be in effect, Delta Dental must have received the enrollment information and the payment of that month's premium. The monthly premium for a Member must have been paid for coverage to be in effect for that month.
- Enrollment information must be furnished to Delta Dental in a timely manner. Retroactive additions and terminations will not be allowed.
- By the effective date of the program, Subscriber will furnish eligibility information for all Members. This information shall include the Subscriber's name, social security number, date of birth, and Dependent coverage information.
- Dependents may be enrolled under the following rules:
 - Dependents must enroll at the time the Subscriber becomes eligible, or as soon after that as they become Dependents. Otherwise Dependents may only enroll during an open enrollment period.
 - After enrollment, Dependent coverage shall continue while the Subscriber has coverage. Dependent coverage shall cease if they no longer meet the definition of Dependent or the Subscriber chooses to drop Dependent coverage. If Dependent coverage is dropped, Dependents may re-enter this plan during the first open enrollment period after having been out of the plan for 12 consecutive months.