

Delta Dental of Tennessee
Certificate of Coverage – Benefit Summary Page

Group Name: Frontdoor, Inc.
Group Number: 7253
Provider Network: Delta Dental PPO™
Benefit Year: January 1 through December 31

Deductible – \$100 Deductible per person total per Benefit Year. The deductible does not apply to diagnostic and preventive services, x-rays, sealants, emergency palliative, full mouth debridement, cephalometric film, photos, and casts.

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%
Emergency Palliative Treatment - to temporarily relieve pain	100%	100%	100%
Sealants - to prevent decay of permanent teeth	100%	100%	100%
Brush Biopsy - to detect oral cancer	100%	100%	100%
Radiographs - X-rays	100%	100%	100%
Basic Services			
Minor Restorative Services - fillings and crown repair	85%	85%	85%
Non-Surgical Periodontic Services - non-surgical services to treat gum disease	85%	85%	85%
Simple Extractions - non-surgical removal of teeth	85%	85%	85%
Other Basic Services - misc. services	85%	85%	85%
Relines and Repairs - to bridges and dentures	85%	85%	85%
Major Services			
Endodontic Services - root canals	50%	50%	50%
Surgical Periodontic Services - surgical services to treat gum disease	50%	50%	50%
Other Oral Surgery - dental surgery	50%	50%	50%
Major Restorative Services - crowns	50%	50%	50%

Implant Repair - implant maintenance, repair, and removal	50%	50%	50%
Prosthetic Services - bridges, implants, and dentures	50%	50%	50%

* When you receive services from a Delta Dental Premier or Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's PPO Dentist Schedule that will be paid for those services. This amount may be less than what the dentist charges or Delta Dental approves and you are responsible for that difference.

- Oral exams (including evaluations by a specialist) are payable once in any period of six consecutive months.
- Prophylaxes (cleanings) are payable once in any period of six consecutive months. Four periodontal maintenance procedures are payable in any calendar year for individuals with a documented history of periodontal disease. A maximum of four of these procedures is payable in any calendar year.
- 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 once per calendar year for people age 18 and under.
- Space maintainers are payable once per area per lifetime for people age 18 and under.
- Bitewing X-rays are payable twice per calendar year and full-mouth X-rays (which include bitewing X-rays) or a panorex are payable once in any five-year period.
- Diagnostic photographs are not Covered Services.
- Certain laboratory tests (including caries susceptibility tests) are Covered Services.
- Sealants are payable once per tooth per five-year period for first and second permanent molars for people age 18 and under. The surface must be free from decay and restorations.
- Prefabricated crowns are payable once in any five-year period.
- Composite resin (white) restorations are payable on posterior teeth.
- Inlays (any material) are Covered Services.
- Gold foils are Covered Services.
- Full and partial dentures are payable once in any seven-year period.
- Bridges are payable once in any seven-year period.
- Implants and implant related services are payable once per tooth in any seven-year period. Implant supported restorations are payable once per tooth in any five-year period.
- Crowns over implants are payable once per tooth in any seven-year period.
- Antibiotic drug injections are Covered Services. Consultations (by other than the treating dentist) are payable twice in any calendar year.

Maximum Payment – \$1,000 per person total per Benefit Year on all services.

Special Enrollment Notations – Employees are eligible on the first of the month following date of hire.

Associates who terminate and return within 90 days and associates who are part of a buyoff/RIF and return within 180 days are eligible the 1st of the month following return to work.

Customer Service Toll-Free Number: 800-223-3104

<https://www.DeltaDentalTN.com>

April 13, 2023

Per the group, the domestic partner and his/her child(ren) will be eligible for the dental effective 1/1/2020.

Dependent Age Limit – 26

Per the group, the domestic partner and his/her child(ren) will be eligible for the dental effective 1/1/2020.