

**Delta Dental of Tennessee**  
**Certificate of Coverage – Benefit Summary Page**

**Group Name:** Frontdoor, Inc.  
**Group Number:** 7253  
**Provider Network:** Delta Dental PPO™ (Point-of-Service)  
**Benefit Year:** January 1 through December 31

**Deductible – Delta Dental PPO™ Dentist - \$50 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, casts, and orthodontics.

**Delta Dental Premier® Dentist or Nonparticipating Dentist - \$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, casts, and orthodontics.

**Covered Services –**

	<b>Delta Dental PPO™ Dentist</b>	<b>Delta Dental Premier® Dentist</b>	<b>Non- participating Dentist</b>
	<b>Plan Pays</b>	<b>Plan Pays</b>	<b>Plan Pays*</b>
<b>Diagnostic &amp; Preventive</b>			
<b>Diagnostic and Preventive Services</b> - exams, cleanings, fluoride, and space maintainers	<b>100%</b>	<b>100%</b>	<b>100%</b>
<b>Emergency Palliative Treatment</b> - to temporarily relieve pain	<b>100%</b>	<b>100%</b>	<b>100%</b>
<b>Sealants</b> - to prevent decay of permanent teeth	<b>100%</b>	<b>100%</b>	<b>100%</b>
<b>Brush Biopsy</b> - to detect oral cancer	<b>100%</b>	<b>100%</b>	<b>100%</b>
<b>Radiographs</b> - X-rays	<b>100%</b>	<b>100%</b>	<b>100%</b>
<b>Basic Services</b>			
<b>Minor Restorative Services</b> - fillings and crown repair	<b>85%</b>	<b>85%</b>	<b>85%</b>
<b>Endodontic Services</b> - root canals	<b>85%</b>	<b>85%</b>	<b>85%</b>
<b>Periodontic Services</b> - to treat gum disease	<b>85%</b>	<b>85%</b>	<b>85%</b>
<b>Oral Surgery Services</b> - extractions and dental surgery	<b>85%</b>	<b>85%</b>	<b>85%</b>
<b>Other Basic Services</b> - misc. services	<b>85%</b>	<b>85%</b>	<b>85%</b>
<b>Relines and Repairs</b> - to bridges and dentures	<b>85%</b>	<b>85%</b>	<b>85%</b>
<b>Major Services</b>			
<b>Occlusal Guards</b> - bite guards	<b>50%</b>	<b>50%</b>	<b>50%</b>
<b>Major Restorative Services</b> - crowns	<b>50%</b>	<b>50%</b>	<b>50%</b>

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April 13, 2023

<b>Implant Repair</b> - implant maintenance, repair, and removal	<b>50%</b>	<b>50%</b>	<b>50%</b>
<b>Prosthetic Services</b> - bridges, implants, and dentures	<b>50%</b>	<b>50%</b>	<b>50%</b>
<b>Orthodontic Services</b>			
<b>Orthodontic Services</b> - braces	<b>50%</b>	<b>50%</b>	<b>50%</b>
<b>Orthodontic Age Limit</b> -	<b>No Age Limit</b>	<b>No Age Limit</b>	<b>No Age Limit</b>

\* 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 the dentist charges 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 are payable once per tooth in any seven-year period.
- Crowns over implants are payable once per tooth in any seven-year period.
- Consultations (by other than the treating dentist) are payable twice in any calendar year. Occlusal guards are payable once in any two-year period. Antibiotic drug injections are Covered Services.

**Maximum Payment** – \$2,000 per person total per Benefit Year on all services, except cephalometric film, photos, diagnostic casts, and orthodontics. \$2,000 per person total per lifetime on cephalometric films, photos, diagnostic casts, and orthodontic services.

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**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.

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.