

State of Tennessee Dental Preferred Provider Organization Handbook



Smile! We've got you covered.

Delta Dental of Tennessee makes taking care of your smile easy. This plan provides broad coverage and benefits with access to the Delta Dental PPO™ network. You will also enjoy Delta Dental's great service and value.

DeltaDentalTN.com/StateOfTN

Customer Service: 1-800-552-2498
Monday-Friday 7 a.m. to 5 p.m. CT

Delta Dental is proud to administer the Dental Preferred Provider Organization program for the State of Tennessee.

The DPPO program is available to those eligible for the State of Tennessee Group Insurance Program benefits. This includes active employees with state agencies and affiliated agencies offering the state's dental insurance program, plus retirees drawing a Tennessee Consolidated Retirement System pension or who participated in a higher education optional retirement plan. This plan is open to you, your spouse and eligible dependents under age 26.

An agency must be participating in the State of Tennessee Group Insurance Program to qualify for participation in the State of Tennessee voluntary dental program. Employee, retiree and/or dependent participation in the State Group Insurance Program is not required to participate in the state dental program. Employee or retiree participation in the Delta Dental DPPO is required for participation of eligible dependents. Participation by those enrolled in the Delta Dental DPPO is on a calendar year basis. Enrollment may only be dropped by members during the annual enrollment period for the beginning of the next calendar year or due to a special enrollment event. Only members who lose eligibility under this plan or become newly eligible for other coverage may cancel.

We want to help you make the most of your dental plan.

A brighter smile. A healthy mouth. Insurance against the unexpected. These are all good reasons to sign up for the DPPO plan from Delta Dental. Your dental plan should be easy to use and understand. This handbook highlights the benefits in the state's DPPO plan. If you have questions, we're here to help. There's a special web page just for you. Visit DeltaDentalTN.com/StateOfTN. You can also call us at (800) 552-2498, 7 a.m. to 5 p.m. CT.

How to sign up for Delta Dental

Select the DPPO plan during your annual enrollment or when you become eligible for benefits, and you will be enrolled for Delta Dental. Benefits are in effect for the calendar year. They cannot be changed unless you have a special enrollment event, like getting married or having a child. If you do not sign up during the enrollment period, you will need to wait until the next enrollment period or you have a special enrollment event. For questions about enrollment, visit the ParTNers for Health website at www.tn.gov/PartnersForHealth.

Your Delta Dental benefits at your fingertips 24/7!

Download the Delta Dental Mobile App for Apple iOS or Android to:



- ▶ Find a dentist
- ▶ Check benefits, eligibility and claims
- ▶ Get a mobile ID card

Scan the QR code above to go to DeltaDentalTN.com/mobileapp to link to the App Store or Google Play Store.

You can access plan details online with our Member Portal. Through the Member Portal, you can:

- ▶ Check benefits, eligibility and claims
- ▶ Print an ID card
- ▶ Find your benefit information
- ▶ Review your claims
- ▶ And more!

Go to DeltaDentalTN.com/StateOfTN and click on **Member Portal**. Click **New User** to sign up for the first time.

How to find a dentist



Choosing a dentist from the Delta Dental PPO network will help you save money and get the most from your benefits. You also have the choice to visit any licensed dentist, but your out-of-pocket costs will be less when using an in-network DPPO provider. If a dentist is listed as both Delta Dental PPO and Delta Dental Premier, benefits will be paid according to the Delta Dental PPO Dentist benefit schedule. Go to DeltaDentalTN.com/StateOfTN and click on **Find a Dentist**.

Scan this code to search from your smart phone or other device.

Monthly premiums

The following monthly premiums are effective Jan. 1, 2023 through Dec. 31, 2023. Your premiums may be paid through convenient payroll or retirement system deduction.

Active employee

Employee only	\$19.82
Employee + Spouse	\$38.98
Employee + Child(ren)	\$52.70
Employee + Spouse + Child(ren)	\$80.72

Retiree

Retiree only	\$26.60
Retiree + Spouse	\$52.44
Retiree + Child(ren)	\$60.09
Retiree + Spouse + Child(ren)	\$94.95

Keep it simple. Choose a Delta Dental PPO dentist.

- ▶ **No paperwork!** Your dentist files claims for you.
- ▶ **No extra charges!** You're only responsible for your deductible and/or co-insurance charges.
- ▶ **No balance billing!** You won't have to pay more than our maximum allowed fees for services.
- ▶ **No waiting for reimbursement!** You'll never have to pay full fees at the time of a dental visit.

Save more when you see a network dentist

Your plan saves you the most money when visiting a **Delta Dental PPO dentist**. This network offers an average savings of 30% on submitted fees. More than 74% of dentists in Tennessee are in this network. Your dentist will file the claim and will not balance bill.

You can also save money with Delta Dental Premier® dentists. The Delta Dental Premier® dentists are paid under the out-of-network benefit schedule, but the Premier network's average savings are 18%. Nine out of 10 dentists in our state belong to this network. Premier dentists will also file claims for you. The amount you may be balance billed is limited. Premier dentists are allowed to charge more than a Delta Dental PPO dentist but cannot bill you for any charges over the Delta Dental Premier maximum plan allowance. This may be an added savings for you and your family members.

Save most when you see a Delta Dental PPO dentist

NETWORK	ESTIMATED CHARGE	APPROVED AMOUNT	MAXIMUM ALLOWED FEES	AMOUNT DELTA DENTAL PAYS	AMOUNT YOU PAY
Delta Dental PPO™	\$120	\$84	\$84 × 80% = \$67.20	\$67.20	\$16.80
Delta Dental Premier®	\$120	\$113	\$84 × 60% = \$50.40	\$50.40	\$62.60
Out-of-Network Dentist	\$120	\$120	\$84 × 60% = \$50.40	\$50.40	\$69.60

Set by Delta Dental (pointing to MAXIMUM ALLOWED FEES)

Best Deal! (pointing to \$16.80)

*40% + \$36 balance billing** (pointing to \$69.60)

*This example is an estimate. Fees and reimbursements can vary by state.

No surprises!

Want to know what a procedure may cost? Want to make sure a service is covered? Ask for a **pretreatment estimate**. Your dentist can send a request to us. We'll let him or her know if a service is covered, how much it may cost and what you may have to pay. These amounts may not be exact, but they will give you a good idea of what to expect.

Dental Preferred Provider Organization (DPPO) Dental Benefit Summary for State of Tennessee #8060 Coverage effective January 1, 2022

	Delta Dental PPO Dentist	Delta Dental Premier Dentist	Non-Participating Dentist
Diagnostic and Preventive			
Diagnostic and Preventive Services - exams, cleanings, fluoride, and space maintainers	Plan Pays 100%	Plan Pays 80%	Plan Pays 80%
Sealants - to prevent decay of permanent teeth			
Brush Biopsy - to detect oral cancer			
Radiographs - X-rays			
Basic Services			
Emergency Palliative Treatment - to temporarily relieve pain			
Periodontal Maintenance - cleanings following periodontal therapy			
Minor Restorative Services - fillings	Plan Pays 80%	Plan Pays 60%	Plan Pays 60%
Endodontic Services - root canals			
Periodontic Services - to treat gum disease			
Simple Extractions - non-surgical removal of teeth			
Other Basic Services - misc. services			
Major Services			
Crown Repair - to individual crowns			
Oral Surgery Services - surgical extractions and dental surgery			
General Anesthesia or IV Sedation - when necessary, in connection with covered oral surgery, extractions or other covered services			
Major Restorative Services - crowns			
Occlusal Adjustment - occlusal equilibration	Plan Pays 50%	Plan Pays 50%	Plan Pays 50%
Adjustments and Repairs - to bridges, implants and dentures			
Prosthodontic Services - bridges, implants, and dentures			
<ul style="list-style-type: none"> • 6-month waiting period applies to inlay/onlay restorations, dentures, crowns and implants; • 12-month waiting period applies to initial placement of bridge or denture to replace one or more natural teeth. 			
Orthodontic Services			
Orthodontic Services - braces	Plan Pays 50%	Plan Pays 50%	Plan Pays 50%
• 12-month waiting period; Orthodontic age limit: to the end of the month of age 19			

Important Information:

Maximum Payment - \$1,500 per person total per benefit year on all services, except cephalometric film, photos, diagnostic casts, and orthodontics. \$1,250 per person total per lifetime on cephalometric films, photos, and orthodontic services.

Deductible -

Delta Dental PPO Dentist - \$25 Deductible per person total per benefit year, limited to a maximum deductible of \$75 per family per benefit year. The deductible does not apply to oral exams, preventive, X-rays, sealants, full mouth debridement, cephalometric films, photos, and orthodontics.

Delta Dental Premier or Nonparticipating Dentist - \$100 Deductible per person total per Benefit Year limited to a maximum Deductible of \$300 per family per Benefit Year. The Deductible does not apply to oral exams, preventive, X-rays, sealants, full mouth debridement, cephalometric films, photos, and orthodontics.

Note - This document is only intended to provide a brief description of your benefits. Please refer to your Certificate of Coverage for a complete description of benefits, exclusions, and limitations.

When you receive services from a Delta Dental Premier or Non-participating Dentist, the percentages in those columns 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. You are responsible for that difference.

Frequently Asked Questions

What does my plan cover or not cover?

See the benefit summary in this handbook. This gives you a snapshot of the plan. You can see all details in the Certificate of Coverage. A copy is available online at DeltaDentalTN.com/StateOfTN.

Will there be waiting periods?

If you are new to the DPPO plan, waiting periods may apply for some services. See the benefit summary enclosed. If you are already enrolled in the DPPO plan, you may have already satisfied the waiting period.

Can I see any dentist?

To receive the highest level of benefits, you must visit an in-network Delta Dental PPO provider. You are free to choose any dentist you would like. However, your out-of-pocket expenses will be less if you choose a Delta Dental PPO dentist. If you visit a Delta Dental Premier dentist or an out-of-network (non-participating) dentist, you will receive the out-of-network benefits described in the benefit summary. Please see the section, "Save more when you see a network dentist," to learn more about savings with a Delta Dental Premier dentist. You should always ask your dentist if he or she is a Delta Dental PPO dentist before your visit. For a list of Delta Dental PPO dentists, visit DeltaDentalTN.com/StateOfTN.

Can my dentist join the network?

Yes. The Delta Dental PPO Network is open to new dentists. You can ask your dentist to visit DeltaDentalTN.com/dentists for information. Your dentist can also sign up online.

Do I need an ID card?

No, you do not need an ID card. You just need to tell your dentist you're a Delta Dental of Tennessee member and give them your Edison ID. Your dentist can confirm eligibility any time with our Dental Office Toolkit or by calling (800) 552-2498.

Do I have to submit claims?

If you choose a dentist in our networks, he or she will file claims for you. If you visit an out-of-network dentist not in the Premier network, you may need to submit your claim to: Delta Dental of Tennessee, 240 Venture Circle, Nashville, TN 37228

What is balance billing?

Dentists in the Delta Dental PPO network have agreed to accept our fee for covered services. This is called the maximum plan allowance, or MPA. PPO network dentists agree to accept the MPA as full payment. They will not bill you for fees above the MPA. You will only have to pay your deductible and/or co-insurance.

Dentists outside the PPO network have not agreed to the maximum fees. You may have to pay the difference between what the dentist charges and what Delta Dental will pay. This is balance billing. You will also have to pay your deductible and/or co-insurance.

You will save the most money by visiting a dentist in the Delta Dental PPO network. As a Delta Dental member, you also have the choice to see a Delta Dental Premier® dentist. Premier dentists have also agreed to an MPA and benefits will be paid as out of network. The Premier MPA may be higher than the MPA for PPO dentists. You will only have to pay your deductible and/or co-insurance. You will not be balance billed.

Do you coordinate benefits with other dental carriers?

Yes. If you are covered by two dental plans, your coverage will be coordinated. This may happen if you and your spouse both have dental plans at work. Your benefits will be handled by your primary carrier, or the one that lists your name as the primary member. Benefits will also be coordinated for your dependents covered under two plans.

For children covered by both parents' or guardians' dental plans, the primary carrier is decided by the "birthday rule." The plan that covers the parent or guardian whose birthday comes first in the calendar year will be the primary carrier. The goal of coordinating benefits is to make sure the cost of the dental procedure is covered within the scope of both plans. It will not exceed the amount of the bill.

What is an explanation of benefits, or EOB?

After you visit the dentist, you should receive an EOB. This isn't a bill. The EOB will show:

- Benefits received at your last visit
- What procedures were or were not covered
- If your plan is coordinating benefits with another plan
- How much of your annual maximum has been used
- How much you owe the dentist

If your service is covered at 100%, like an annual exam, you may not receive an EOB.

You can see all EOBs online in the Member Portal. You can also sign up to receive EOBs electronically. Go to DeltaDentalTN.com/StateOfTN and click on Member Portal to sign up.

What if I am in the middle of a treatment plan when this plan takes effect?

Don't worry. We have you covered. If you are currently enrolled in another plan, Delta Dental will work with your dentist to ensure you continue to receive the benefits that are covered under the state's DPPO plan as applicable. For ortho claims, ask your orthodontist or dental office to submit a claim with the total fee, initial banding date and total number of months of treatment. This detail will allow us to calculate what we can pay. Please refer to the "Orthodontic Coverage Information" document on the ParTNers for Health website under Publications or at DeltaDentalTN.com/StateOfTN. Waiting periods may apply before benefits can be paid.

Can my dependent child continue on this plan past the age of 26?

There are circumstances that allow coverage to continue past age 26. An example may be if the child or dependent is not able to work due to mental or physical handicap as defined by applicable law. Proof of the condition must be sent to Benefits Administration prior to the dependent's 26th birthday. Annual proof may be needed.

Looking for more answers?

Go to DeltaDentalTN.com/StateOfTN or call us at (800) 552-2498, M-F, 7 a.m. to 5 p.m. CT.

This handbook shows you some features of the DPPO plan. A complete description of benefits, conditions and limitations is located in the Certificate of Coverage, or COC. If there are any differences between the information contained here and the Certificate of Coverage, the information in the Certificate of Coverage takes precedence. You can see the COC online at DeltaDentalTN.com/StateOfTN or by visiting the Publications Page on the ParTNers for Health website at tn.gov/ParTNersForHealth.

Exclusions

The DPPO plan does not cover the following:

- Cosmetic surgery or procedures for purely cosmetic reasons unless specifically listed as a BENEFIT.
- Replacement of a lost or stolen retainer, denture or other piece.
- 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).
- Treatment to restore tooth structure lost from wear or attrition.
- Services by a dentist beyond the scope of his or her license.
- The part of dental services charges where the costs exceed the charge collected if no coverage existed.
- Dental services for which the patient incurs no charge.
- Services received without cost from any federal, state or local agency. This exclusion will not apply if prohibited by law.
- Services considered medical services.
- Charges by a hospital or other surgical or treatment facility and any other fees charged by the dentist for treatment in any such facility.
- Treatment of injury or illness covered by workers' compensation or employer's liability laws.
- Services for hereditary or developmental malformations. Such malformations include, but are not limited to, cleft palate or upper and lower jaw malformations. This doesn't exclude those services provided under orthodontic benefits, if covered.
- Treatment to rebuild or keep 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.
- Diagnosis or treatment for any disturbance of the jaw joints or myofascial pain dysfunction.
- Athletic mouth guards.

Please refer to your COC for a complete list of limitations and exclusions. A copy is available online at DeltaDentalTN.com/StateOfTN.

Learn More About Keeping Your Smile Power®

An ounce of prevention

Did you know there is a connection between a healthy mouth and a healthy body? Signs of cancer, diabetes and heart disease can appear in the mouth and may be spotted by your dentist.

Visiting the dentist twice a year and taking care of your teeth can help you manage some of these same diseases. Your dental plan covers two cleanings and exams each year. These are covered at 100% if you go to a Delta Dental PPO dentist. Good health starts with a healthy smile!

Online resources to help you smile



We have articles online to help you learn more about oral health. Visit DeltaDentalTN.com/StateOfTN for links to our Smile Power Blog and the quarterly *grin!* magazine. Both feature news, lifestyle stories, recipes and more. There is also an activity book, *grin! For Kids*, you can download.