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

**Group Name:** Ministry Brands Holdings, LLC
**Group Number:** 8594
**Provider Network:** Delta Dental PPO™ (Point-of-Service)
**Benefit Year:** January 1 through December 31

**Deductible –** $50 Deductible per person total per calendar year limited to a maximum Deductible of $150 per family per calendar year. The deductible does not apply to diagnostic and preventive services, emergency palliative treatment, X-rays, sealants, periodontal maintenance, full mouth debridement, cephalometric films, photos, diagnostic casts and orthodontic services.

**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% |
| **Periodontal Maintenance** - cleanings following periodontal therapy | 100% | 100% | 100% |
| **Basic Services** | | | |
| **Minor Restorative Services** - fillings | 80% | 80% | 80% |
| **Endodontic Services** - root canals | 80% | 80% | 80% |
| **Periodontic Services** - to treat gum disease | 80% | 80% | 80% |
| **Oral Surgery Services** - extractions and dental surgery | 80% | 80% | 80% |
| **Other Basic Services** - misc. services | 80% | 80% | 80% |
| **Adjustments and Repairs** - to bridges and dentures | 80% | 80% | 80% |
| **Major Services** | | | |
| **Crown Repair** - to individual crowns | 50% | 50% | 50% |
| **Major Restorative Services** - crowns | 50% | 50% | 50% |
| **Relines and Rebase** - to dentures | 50% | 50% | 50% |

| | | | |
|---|---|---|---|
| **Implant Repair** - implant maintenance, repair, and removal | **50%** | **50%** | **50%** |
| **Prosthodontic Services** - bridges, implants, and dentures | **50%** | **50%** | **50%** |
| **Orthodontic Services** | | | |
| **Orthodontic Services** - braces | **50%** | **50%** | **50%** |
| **Orthodontic Age Limit** - | **No Age Limit** | **No Age Limit** | **No Age Limit** |

* 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 are payable twice per calendar year.
- Prophylaxes (cleanings) are payable twice per 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 14 and under.
- Bitewing X-rays are payable once per calendar year and full mouth X-rays (which include bitewing X-rays) or a panorex are payable once in any three-year period.
- Sealants are payable once per tooth in any three-year period for first and second permanent molars for people age 13 and under. The surface must be free from decay and restorations.
- Composite resin (white) restorations are payable on all teeth, including posterior teeth.
- Implants and implant related services are payable once per tooth in any five-year period for people age 19 and older.
- People with special health care needs may be eligible for additional services including exams, hygiene visits, dental case management, and sedation/anesthesia. Special health care needs include any physical, developmental, mental, sensory, behavioral, cognitive, or emotional impairment or limiting condition that requires medical management, healthcare intervention, and/or use of specialized services or programs. The condition may be congenital, developmental, or acquired through disease, trauma, or environmental cause and may impose limitations in performing daily self-maintenance activities or substantial limitations in a major life activity.

**Maximum Payment –** $2,000 per person total per calendar 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.

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

**Dependent Age Limit –** 26