

Delta Dental of Tennessee Declaration Page

All STUDENTS are eligible for enrollment on the EFFECTIVE DATE or when they have met the GROUP's eligibility requirements.

All students are eligible for enrollment in the student dental insurance plan on the first day of the academic term.

The Dependent Age Limit under this Contract is to age: 26

Monthly Premiums

Subscriber only - \$18.52 per month per Subscriber

Subscriber and spouse - \$36.49 per month per Subscriber

Subscriber and child(ren) - \$50.82 per month per Subscriber

Subscriber, spouse and child(ren) - \$78.50 per month per Subscriber

These rates are contingent upon the enrollment of a minimum of 0 percent of the eligible members of the defined group and their eligible dependents with the full cost paid by the member.

This plan requires a minimum of NA enrolled primary Subscribers. The GROUP will be billed for the greater of the actual number of Subscribers or the minimum number of Subscribers.

Premiums will be deemed delinquent if not paid as billed and received by the 5th of each month.

Benefits

	Delta Dental PPO Dentist Plan Pays	Delta Dental Premier Dentist Plan Pays	Nonparticipating Dentist Plan Pays
Diagnostic & Preventive			
Diagnostic and Preventive Services - exams, cleanings, fluoride, and space maintainers	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			
Emergency Palliative Treatment - to temporarily relieve pain	80%	50%	50%
Minor Restorative Services - fillings	80%	50%	50%
Endodontic Services - root canals	80%	50%	50%
Periodontic Services - to treat gum disease	80%	50%	50%
Oral Surgery Services - extractions and dental surgery	80%	50%	50%
Other Basic Services - misc. services	80%	50%	50%
Adjustments and Repairs - to bridges and dentures	80%	50%	50%
Major Services			
Crown Repair - to individual crowns	50%	25%	25%
Major Restorative Services - crowns	50%	25%	25%
Implant Repair - implant maintenance, repair, and removal	50%	25%	25%
Relines and Rebase - to dentures	50%	25%	25%
Prosthodontic Services - bridges, implants, and dentures	50%	25%	25%

- 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 twice 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) are payable once in any three-year period.
- Sealants are payable once per tooth per lifetime for first and second permanent molars for people age 15 and under. The surface must be free from decay and restorations.
- Composite resin (white) restorations are payable on posterior teeth.
- Implants and implant related services are payable once per tooth in any five-year period for people age 19 and older.

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 oral exams, preventive, X-rays, sealants, periodontal maintenance, full mouth debridement, and cephalometric films.

Maximum Payment: \$1,500 per person total per calendar year on all services.

Delta Dental of Tennessee
Renewal Rates for UTHSC Student Plan #7311
Effective August 1, 2020

Rates		
Rates per subscriber per month	Current Rate(s) August 1, 2019 through July 31, 2020	Renewal Rate(s) August 1, 2020 through July 31, 2021
Subscriber only	\$15.43	\$18.52
Subscriber and spouse	\$30.41	\$36.49
Subscriber and child(ren)	\$42.35	\$50.82
Subscriber, spouse and child(ren)	\$65.42	\$78.50
Overall Percent Change	20.02%	

Rating Requirements

Minimum client contributions: 0 percent for employee and 0 percent for dependent(s).

Tied to medical: No

Subscribers and eligible dependents must enroll for a minimum of 12 months. If coverage is terminated after 12 months, they may not re-enroll prior to the open enrollment that occurs at least 12 months from the date of termination. Dependents may only enroll if the Subscriber is enrolled (except under COBRA) and must be enrolled in the same plan as the Subscriber. Plan changes are only allowed during open enrollment periods, except that an election may be revoked or changed at any time if the change is the result of a qualifying event as defined under Internal Revenue Code Section 125.

Rating Assumptions

The rates are valid only for the effective date noted above and are guaranteed for a one year contract.

Self-billing is not allowed and you agree to pay as invoiced each month.

Subscriber materials are mailed directly to your members. These include the Summary of Dental Plan Benefits, Certificate, and ID card.

Printed dentist directories are not included. You can find participating dentists on our website at <https://www.DeltaDentalTN.com>.

The plan specifications are subject to Delta Dental's standard exclusions and limitations, including:

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