

**DELTA DENTAL OF
TENNESSEE NON EHB
SCHEDULE B
ORTHODONTIC BENEFITS, LIMITATIONS AND EXCLUSIONS**

In addition to the benefits, limitations and exclusions listed below, the General Limitations and Exclusions found in Article 3 of this CONTRACT apply to this plan.

A. Orthodontic Benefits, Limitations & Exclusions

- 1) Orthodontics. Procedures using appliances to treat poor alignment of teeth and/or jaws. Such poor alignment must significantly interfere with function to be a benefit.
 - a) Orthodontic benefits are limited to members shown on the Declaration Page. DDTN shall make regular payments for orthodontic benefits.
 - b) If orthodontic treatment began prior to enrolling in this plan, DDTN will begin benefits with the first payment due the dentist after the subscriber or covered dependent becomes eligible.
 - c) Benefits end with the next payment due the dentist after loss of eligibility or immediately if treatment stops.
 - d) Benefits are not paid to repair or replace any orthodontic appliance received.
 - e) Orthodontic benefits do not pay for extractions or other surgical procedures. However, these additional services may be covered under other benefits of this plan.
 - f) The initial payment (initial banding fee) made by DDTN for comprehensive treatment will be 33% of the total fee for treatment subject to your copayment percentage and lifetime maximum.
 - g) Subsequent payments will be issued on a regular basis for continuing active orthodontic treatment. Payments will begin in the month following the appliance placement date and are subject to your copayment percentage and lifetime maximum.