

Delta Dental of Tennessee Declaration Page

Group Name: Vanderbilt University
Group Number: 7831
Group Address: PMB 407704 2301 Vanderbilt Place
City, State, Zip Code: Nashville, TN 37240-0001
Contract Effective Date: January 1, 2021
Contract Renewal Date: January 1, 2024
Benefit Year: January 1 through December 31
Provider Network: Delta Dental PPO™ (Point-of-Service) Basic Dental Plan

Eligibility Requirements

All permanent, full time EMPLOYEES who work a minimum of 30 hours per week who are hired on or prior to the EFFECTIVE DATE are eligible for enrollment on the EFFECTIVE DATE or when they have met the GROUP's eligibility requirements.

Employees are eligible on date of hire.

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

Monthly Premiums

Subscriber only - \$18.79 per month per Subscriber
Subscriber and spouse - \$31.94 per month per Subscriber
Subscriber and child(ren) - \$38.94 per month per Subscriber
Subscriber, spouse and child(ren) - \$48.28 per month per Subscriber

These rates are contingent upon the enrollment of a minimum of 50 percent of the eligible members of the defined group and their eligible dependents with the full cost paid by the member.

These rates assume that claims from nonparticipating dentists will be paid using our national Table 90.

This plan requires a minimum of 2,700 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	Delta Dental Basic Dentist	Nonparticipating Dentist
	Plan Pays	Plan Pays	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%
Basic Services			
Emergency Palliative Treatment - to temporarily relieve pain	80%	80%	80%
Minor Restorative Services - fillings	80%	80%	80%
Simple Extractions - non-surgical removal of teeth	80%	80%	80%
Other Basic Services - misc. services	80%	80%	80%
Crown Repair - to individual crowns	50%	50%	50%
Major Services			
Endodontic Services - root canals	40%	40%	40%
Periodontic Services - to treat gum disease	40%	40%	40%
Other Oral Surgery - dental surgery	40%	40%	40%
Major Restorative Services - crowns	40%	40%	40%
Relines and Repairs - to bridges, implants, and dentures	40%	40%	40%
Prosthodontic Services - bridges, implants, and dentures	40%	40%	40%

- 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) 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.
- Crowns and inlays are payable once per tooth in any five-year period. Veneers are payable on incisors, cuspids, and bicuspid once per tooth per five-year period for people age 12 and over when necessary due to fracture or decay.
- Composite resin (white) restorations are payable on posterior teeth.
- Inlays (any material) are payable.
- Guided tissue regeneration is payable once per tooth per lifetime.
- 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, and cephalometric films.

Maximum Payment: \$1,000 per person total per calendar year on all services, except oral exams, preventive, X-rays, sealants, cephalometric films, photos, and diagnostic casts.



**Delta Dental of Tennessee
List of Subclients
for**

Group Name: Vanderbilt University

Group Number: 7831

Subclient Name	Subclient Number
Basic Option	2000
Basic Option - COBRA	2009