

**Metropolitan Government of Nashville & Davidson County
Group #8800
Delta Dental Limited PPO Network (formerly DeltaPreferred)**

No Deductible No Maximums

Procedure	Employee Pays
Diagnostic & Preventive	
D0120	Periodic Oral Exam \$0.00
D0140	Limited Oral Exam - problem focused \$0.00
D0150	Comprehensive Oral Exam \$0.00
D1110	Prophylaxis - adult \$0.00
D1120	Prophylaxis - child \$0.00
D1201	Fluoride treatment - including prophylaxis for children to age 19 \$0.00
D1203	Fluoride treatment - not including prophylaxis for children to age 19 \$0.00
D1351	Sealants; per tooth, through age 15 \$5.00
D1510	Space Maintainer \$65.00
D0210	Intraoral - including bitewings \$0.00
D0220	Intraoral - periapical first film \$0.00
D0230	Intraoral - periapical each additional film \$0.00
D0270	Bitewing - single film \$0.00
D0272	Bitewings - two films \$0.00
D0274	Bitewings - four films \$0.00
D0330	Panoramic film \$0.00
D0340	Cephalometric film \$0.00
Basic	
D2140	Amalgam - 1 surface, permanent or primary \$0.00
D2150	Amalgam - 2 surfaces, permanent or primary \$0.00
D2160	Amalgam - 3 surfaces, permanent or primary \$0.00
D2161	Amalgam - 4 or more surfaces, permanent or primary \$0.00
D2330	Resin-based composite - 1 surface, anterior \$0.00
D2331	Resin-based composite - 2 surfaces, anterior \$0.00
D2332	Resin-based composite - 3 surfaces, anterior \$0.00
D2335	Resin-based composite - 4 or more surfaces \$65.00
D2391	Resin-based composite - 1 surface, posterior \$20.00
D2392	Resin-based composite - 2 surfaces, posterior \$30.00
D2393	Resin-based composite - 3 surfaces, posterior \$40.00
D2394	Resin-based composite - 4 or more surfaces, posterior \$45.00
D3120	Pulp cap - indirect \$0.00
D3220	Pulpotomy \$0.00
D3310	Anterior root canal \$100.00
D3320	Bicuspid root canal \$175.00
D3330	Molar root canal \$250.00
D4260	Osseous surgery \$325.00
D4341	Periodontal scaling \$45.00
D4355	Full mouth debridement \$45.00
D4910	Periodontal maintenance \$35.00
D5510	Repair broken complete denture base \$60.00
D5650	Add tooth to existing partial denture \$60.00
D5750	Reline complete maxillary denture (laboratory) \$135.00
D7140	Extraction \$0.00
D7210	Surgical removal of erupted tooth \$25.00
D7220	Removal of impacted tooth - soft tissue \$25.00
D7230	Removal of impacted tooth - partially bony \$60.00
D7240	Removal of impacted tooth - completely bony \$75.00
D7310	Alveoloplasty - per quadrant \$40.00

Procedure	Employee Pays
Basic Cont.	
D9110	Emergency treatment of dental pain \$30.00
D9220	General anesthesia - first 30 min. \$105.00
D9230	Nitrous oxide \$15.00
D9241	Intravenous sedation - first 30 min. \$105.00
D9242	Intravenous sedation - each additional 15 min. \$30.00
D9430	Office visit for observation - no other service performed \$15.00
D9940	Occlusal guard \$115.00
Major	
D2740	Crown - porcelain/ceramic substrate \$290.00
D2750	Crown - porcelain fused to high noble metal \$350.00
D2751	Crown - porcelain fused to predominately base metal \$290.00
D2752	Crown - porcelain fused to noble metal \$350.00
D2790	Crown - full cast high noble metal \$330.00
D2791	Crown - full cast predominantly base metal \$290.00
D2792	Crown - full cast noble metal \$290.00
D2920	Replacement crown \$15.00
D2930	Prefabricated stainless steel crown - primary tooth \$60.00
D2931	Prefabricated stainless steel crown - permanent tooth \$90.00
D2932	Prefabricated resin crown \$100.00
D2933	Prefabricated stainless steel crown with resin window \$120.00
D2940	Sedative filling \$0.00
D2950	Core buildup, including any pins \$65.00
D2951	Pin retention - per tooth, in addition to restoration \$10.00
D2952	Cast post and core in addition to crown \$125.00
D2954	Prefabricated post and core in addition to crown \$125.00
D6240	Pontic - porcelain fused to high noble metal \$340.00
D6241	Pontic - porcelain fused to predominantly base metal \$290.00
D6242	Pontic - porcelain fused to noble metal \$290.00
D6750	Crown - porcelain fused to high noble metal \$340.00
D6751	Crown - porcelain fused to predominately base metal \$290.00
D6752	Crown - porcelain fused to noble metal \$290.00
D5110	Complete denture - maxillary \$405.00
D5120	Complete denture - mandibular \$405.00
D5130	Immediate denture - maxillary \$395.00
D5140	Immediate denture - mandibular \$395.00
D5213	Maxillary partial denture \$405.00
D5214	Mandibular partial denture \$405.00
Orthodontics	
D8000 - 08999	Pre Orthodontic treatment \$190.00
	Removable appliance therapy \$250.00
	Fixed appliance therapy \$250.00
	Orthodontic treatment
	Children \$1,600.00
	Adults \$2,150.00
	Orthodontic retention \$300.00

This is a sample of your benefits. Details of this plan will be in your Certificate of Coverage (COC).

If you do not visit a **Participating PPO Provider**, you will have **NO** benefits.

To find a Participating Provider, visit our web-site www.DeltaDentalTn.com and choose **Delta Dental PPO Network**.

Finding a Participating Delta Dental Limited PPO (formerly DeltaPreferred) Dentist

Services must be performed by a Delta Dental PPO participating provider to be a covered benefit.

To verify participation status, visit Delta Dental's Web site at www.DeltaDentalTn.com (choose Delta Dental PPO), call our Customer Service Department at 615-255-3175 inside the Nashville calling area or 1-800-223-3104 outside of Nashville, ask your group administrator, or simply ask your dentist if he/she is a participating Delta Dental PPO dentist.

When do Benefits Start?

Your coverage will begin on the effective date of your plan. Benefits are available immediately for any services you receive after the effective date.

If you do not enroll when first eligible, you must wait until the first open enrollment period.

If you enroll in the dental plan and then drop the coverage while eligible, you cannot re-enroll in the plan until the first open enrollment period following 12 consecutive months without coverage.



**240 Venture Circle
Nashville, TN 37228
1-800-223-3104
(615) 255-3175
www.DeltaDentalTn.com**

This form is not a contract of insurance. Terms and conditions are set forth in the Master Group Policy issued directly to your employer.

What is Not Covered?

- **Any services performed by a non-participating Delta Dental PPO dentist.**
- Any procedure not listed on the schedule of covered services/COC will not be a covered benefit.
- Cosmetic surgery or procedures for purely cosmetic reasons; services for congenital or developmental malformations; treatment to restore tooth structure lost from wear; treatment to rebuild or maintain chewing surfaces due to teeth out of alignment or occlusion; treatment to stabilize teeth (periodontal splinting or double butting on bridges).
- Services rendered by a dentist beyond the scope of his license; services performed by any person other than a dentist or auxiliary personnel legally authorized to perform services under the supervision of a dentist.
- Charges by any hospital or other surgical or treatment facility and any additional fees charged by the dentist for treatment in any such facility.
- Implants or surgical removal of implants.
- General anesthesia is only a benefit when administered by a properly licensed dentist in connection with covered surgery services.
- Dental services for which the eligible person incurs no charge; dental services to the extent that charges for such services exceed what would have been made and actually collected if no coverage existed hereunder.
- Temporary partial dentures are a benefit only when anterior teeth are missing.
- Porcelain, gold or veneer crowns are not covered benefits for children under 12; nor fixed bridges or cast partials for children under 16.
- Services for injuries or conditions which are compensable under Worker's Compensation or Employer's Liability Laws; services which are provided to the eligible person by any Federal, State or local agency, unless this exclusion is prohibited by law.