

## Delta Dental of Tennessee Declaration Page

Group Name: National Seating & Mobility  
Group Number: 4209  
Group Address: 320 Premier Ct S Ste 220  
City, State, Zip Code: Franklin, TN 37067-8252  
Contract Effective Date: January 1, 2022  
Contract Renewal Date: January 1, 2025  
Benefit Year: January 1 through December 31  
Provider Network: Delta Dental PPO™ (Point-of-Service)

### 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 the first day of the month following 30 days of continuous employment.

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

### Monthly Premiums

#### Administrative Service Fee:

Composite - \$3.42 per month per Subscriber

This rate is 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.

In addition to the administrative service fee, the GROUP agrees to reimburse Delta Dental for claims payments as described in section 2.02 of this contract.

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

This plan requires a minimum of 886 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 5<sup>th</sup> of each month.

## Benefits

	Delta Dental PPO™ Dentist	Delta Dental Premier® Dentist	Nonparticipating Dentist
	Plan Pays	Plan Pays	Plan Pays
<b>Diagnostic &amp; Preventive</b>			
<b>Diagnostic and Preventive Services</b> - exams, cleanings, fluoride, and space maintainers	100%	100%	100%
<b>Emergency Palliative Treatment</b> - to temporarily relieve pain	100%	100%	100%
<b>Sealants</b> - to prevent decay of permanent teeth	100%	100%	100%
<b>Brush Biopsy</b> - to detect oral cancer	100%	100%	100%
<b>Radiographs</b> - X-rays	100%	100%	100%
<b>Basic Services</b>			
<b>Minor Restorative Services</b> - fillings	80%	80%	80%
<b>Endodontic Services</b> - root canals	80%	80%	80%
<b>Periodontic Services</b> - to treat gum disease	80%	80%	80%
<b>Oral Surgery Services</b> - extractions and dental surgery	80%	80%	80%
<b>Other Basic Services</b> - misc. services	80%	80%	80%
<b>Adjustments and Repairs</b> - to bridges and dentures	80%	80%	80%
<b>Major Services</b>			
<b>Crown Repair</b> - to individual crowns	50%	50%	50%
<b>Major Restorative Services</b> - crowns	50%	50%	50%
<b>Relines and Rebase</b> - to dentures	50%	50%	50%
<b>Prosthetic Services</b> - bridges and dentures	50%	50%	50%
<b>Orthodontic Services</b>			
<b>Orthodontic Services</b> - braces	50%	50%	50%
<b>Orthodontic Age Limit</b> -	No Age Limit	No Age Limit	No Age Limit

- Oral exams are payable twice per calendar year.
- Prophylaxes (cleanings) are payable twice per calendar year.
- 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 per 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 posterior teeth.
- Implants and implant related services are not Covered Services.
- Crowns over implants and their related services are not Covered Services.

**Deductible:** \$50 Deductible per person total per calendar year. The Deductible does not apply to diagnostic and preventive services, emergency palliative treatment, brush biopsy, sealants, X-rays, cephalometric films, photos, diagnostic casts and orthodontic services.

**Maximum Payment:** \$1,500 per person total per calendar year on all services, except oral exams, preventive, X-rays, emergency palliative, brush biopsy, sealants, cephalometric films, photos, diagnostic casts and orthodontic services. \$2,000 per person total per lifetime on cephalometric films, photos, diagnostic casts, and orthodontic services.



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

**Group Name:** National Seating & Mobility

**Group Number:** 4209

<b>Subclient Name</b>	<b>Subclient Number</b>
Buy-Up Plan	1001
Buy-Up Plan COBRA	1009