

**Delta Dental of Tennessee**  
Dental Benefit Highlights for  
**Cracker Barrel Old Country Store #4210**



**Welcome to Tennessee's largest dental benefits family!**

As a member of Delta Dental of Tennessee, you have access to the nation's largest dental networks: Delta Dental PPO and Delta Dental Premier.

- It's easy to find a dentist! Four out of five dentists nationwide participate in our network.
- You have superior access to care and fee savings because of our agreements with participating dentists.
- Our dentists cannot balance bill you, which means more money in your pocket!
- No troublesome paperwork! Network dentists will fill out and file your claims.
- Pay only your copayments and/or deductibles when you receive care from network dentists – there are no hidden fees.
- You can still visit nonparticipating dentists, but you may be billed the full amount at the time of service and then have to wait to be reimbursed.

**Quality Dental Program**

With our quick and accurate claims processing, we pay more than 90% of claims in 10 days or less. Delta Dental also offers world-class customer service from our dedicated call center.

**Online Access**

Our online Member Portal lets you access your dental plan securely over the Internet. You can find a dentist, check benefits, select paperless notices, review claims and amounts used toward maximums, print ID cards, and more – all at your own convenience.

**A Healthy Smile**

Keep your smile healthy with dental benefits from Delta Dental. Your smile is a good indicator of your health. Did you know that your dentist can detect up to 120 different diseases, including diabetes and heart disease? Early detection is one of the best ways to prevent further complications.

**Questions?**

If you have questions, please call our Customer Service team at 800-223-3104 or look online at <https://www.DeltaDentalTN.com>.

| Delta Dental PPO™ (Point-of-Service)<br>Coverage effective January 1, 2023                    | Delta Dental PPO™<br>Dentist<br>Plan Pays | Delta Dental Premier®<br>Dentist<br>Plan Pays | Non-participating<br>Dentist<br>Plan Pays* |
|-----------------------------------------------------------------------------------------------|-------------------------------------------|-----------------------------------------------|--------------------------------------------|
| <b>Diagnostic &amp; Preventive</b>                                                            |                                           |                                               |                                            |
| <b>Diagnostic and Preventive Services</b> - exams, cleanings, fluoride, and space maintainers | 100%                                      | 100%                                          | 100%                                       |
| <b>Brush Biopsy</b> - to detect oral cancer                                                   | 100%                                      | 100%                                          | 100%                                       |
| <b>Radiographs</b> - X-rays                                                                   | 100%                                      | 100%                                          | 100%                                       |
| <b>Periodontal Maintenance</b> - cleanings following periodontal therapy                      | 100%                                      | 100%                                          | 100%                                       |
| <b>Basic Services</b>                                                                         |                                           |                                               |                                            |
| <b>Emergency Palliative Treatment</b> - to temporarily relieve pain                           | 80%                                       | 80%                                           | 80%                                        |
| <b>Sealants</b> - to prevent decay of permanent teeth                                         | 80%                                       | 80%                                           | 80%                                        |
| <b>Minor Restorative Services</b> - fillings and crown repair                                 | 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>Relines and Repairs</b> - to bridges and dentures                                          | 80%                                       | 80%                                           | 80%                                        |
| <b>Major Services</b>                                                                         |                                           |                                               |                                            |
| <b>Major Restorative Services</b> - crowns                                                    | 50%                                       | 50%                                           | 50%                                        |
| <b>Implant Repair</b> - implant maintenance, repair, and removal                              | 50%                                       | 50%                                           | 50%                                        |
| <b>Prosthodontic Services</b> - bridges, implants, 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                               |

\* When you receive services from a Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's Nonparticipating Dentist Fee that will be paid for those services. The Nonparticipating Dentist Fee may be less than what the dentist charges and you are responsible for that difference.

**Maximum Payment** – \$1,500 per person total per Benefit Year on all services, except cephalometric film, photos, diagnostic casts, and orthodontics. \$1,500 per person total per lifetime on cephalometric films, photos, diagnostic casts, and orthodontic services.

**Deductible** – \$50 Deductible per person total per Benefit Year limited to a maximum Deductible of \$150 per family per Benefit Year. The Deductible does not apply to oral exams, prophylaxes (cleanings), fluoride, X-rays, periodontal maintenance, full mouth debridement, diagnostic casts, photos, and orthodontics. \$50 Deductible per person total per lifetime on cephalometric films, photos, diagnostic casts, and orthodontic services.

Note - This document is only intended to provide a brief description of your benefits. Please refer to your Certificate and summary for a complete description of benefits, exclusions, and limitations.