



Healthy Smile, Healthy Life

Learn about your benefits from Delta Dental of Tennessee.



 **DELTA DENTAL**[®]



An Ounce of Prevention

Did you know there is a direct connection between a healthy mouth and a healthy body?

More than 120 signs and symptoms of diseases - like cancer, diabetes, and heart disease - can appear in your mouth and can be spotted by your dentist.¹ Also, visiting the dentist for cleanings and taking care of your mouth can help you manage some of these same diseases. Good health starts with a healthy smile!

Your Benefits, 24/7



Our secure online Consumer Toolkit allows you to:

- ▶ Check benefit eligibility
- ▶ Print an ID card
- ▶ Find current benefit information
- ▶ Review claims
- ▶ And more!

Go to DeltaDentalTN.com/ConsumerToolkit

Find a Dentist



Choosing a dentist from the Delta Dental PPOSM or Delta Dental Premier[®] networks will help you save money and get the most from your benefits. You also have the option to visit any licensed dentist.

Go to DeltaDentalTN.com/FindaDentist

No Surprises!



Want to know how much a procedure will cost? Want to make sure a service is covered under your plan? Request a pre-treatment estimate.

Your dentist will send a request to us, and we will let him or her know if a service is covered, how much it may cost, and what you may have to pay. These amounts will not be exact, but they will give you a good idea of what to expect.

Keep it simple.

Choose a Network Dentist.



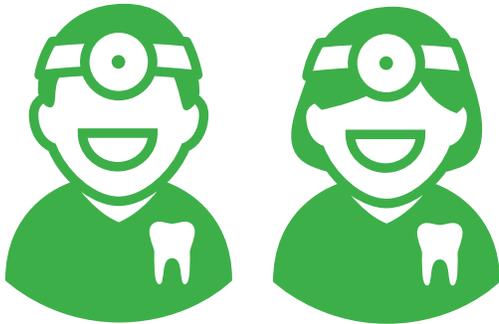
- ▶ No paperwork! Your dentist fills out all forms and files claims for you.
- ▶ No extra charges! You are only responsible for your deductible and/or co-insurance charges.
- ▶ No Balance Billing! You never have to pay more than our Maximum Allowed Fees for services.
- ▶ No waiting for reimbursement! You never have to pay full price at the time of a dental visit.

¹Little, James W., Falace, Donald A., Miller, Craig S., & Rhodus, Nelson L. (2008). Dental Management of the Medically Compromised Patient (7th ed.). St. Louis, MO: Mosby Elsevier.

smile power :)

A brighter smile. A healthy mouth. Insurance against the unexpected. These are all great reasons to sign up for dental benefits. And choosing Delta Dental of Tennessee is a great decision.

91% of Tennessee & 82% of Nationwide



dentists participate in our networks



Contacting Us

Customer Service Representatives are available Monday through Friday, 7:00 a.m. to 5:00 p.m. CST. Our automated inquiry system, DASi, is available 24 hours a day, 7 days a week. With DASi, you can find a dentist, verify benefits, check claim and pre-treatment estimate status, and more.

We want to make your dental benefits easy to use and easy to understand. If you have any questions, we are here to help. For more information, check out our website at www.DeltaDentalTN.com, or give us a call at (800) 223-3104.

Your Delta Dental benefits at your fingertips!

Download the Delta Dental Mobile App for Apple iOS or Android to:



- ▶ Find a dentist
- ▶ Check benefits & claims
- ▶ Mobile ID card
- ▶ Toothbrush Timer

Scan this QR code or go to <http://uqr.to/mobileapp> to link to the App Store or Google Play Store. Register at www.DeltaDental.com. You will need a QR code reader to scan the QR code.



Frequently Asked Questions

What does my plan cover or not cover?

Each plan can vary by group. Review your Benefit Summary, contact your HR department, or log in to the Consumer Toolkit at DeltaDentalTN.com to learn more.

Do I need an ID card?

Actually, you don't! Your dentist can verify your eligibility anytime by using the Dental Office Toolkit (DOT) or by calling us at (800) 223-3104. Tell your dentist your social security number or your member ID number to verify.

Do I have to submit claims?

If you choose a dentist within our networks, all claims are handled by your dentist. If you visit an out-of-network dentist, you may need to submit your claim to:

Delta Dental of Tennessee
240 Venture Circle
Nashville, TN 37228



Do you coordinate benefits with other dental carriers?

Yes. If you are covered by two or more dental plans—usually because both you and your spouse receive coverage through work—your coverage will be coordinated. Your benefits will be handled by your “primary carrier,” or the one that lists your name as the primary member. Benefits will also be coordinated for dependents covered under your plan and also covered under another dental plan.

The goal of coordinating benefits is to make sure the cost of the dental procedure is covered within the scope of the plans, without exceeding the amount of the actual bill.

For children covered by both parents’ (or guardians’) dental plans, the primary carrier is determined by the “birthday rule.” The plan that covers the parent or guardian whose birthday comes first in the calendar year will be considered the primary carrier.

What is an EOB (Explanation of Benefits)?

After you visit the dentist, you should get a document explaining what benefits you received at your last visit and what procedures were or were not covered. This isn't a bill, but it lets you know there may be one coming from your dentist. If you don't receive an EOB, you probably don't owe anything. An EOB will also tell you if your benefits have been coordinated with another plan and how much of your annual maximum has been used.

You can log into the Consumer Toolkit to see all of your EOBs. You can also sign up to receive your EOBs electronically.

Looking for more answers? Go to www.DeltaDentalTN.com/Help