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State of Tennessee Group Insurance Program

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Dental Insurance

Eligible State employees can choose from two dental options:

- Prepaid Plan
- Preferred Dental Organization (PDO)

During the [Annual Enrollment Transfer/Open Enrollment Period](#), eligible employees can enroll in or transfer between dental options.

(Note: Local Education Plan and Local Government Plan members should check with their agency benefits coordinator to see if dental insurance is available.)

[View a comparison of the plans' benefits »](#)

Prepaid Plan

The Prepaid Plan provides dental services at predetermined co-pay amounts. Members must receive services from a participating dentist or specialist. There is no deductible to meet, no claims to file, no waiting period and no annual dollar maximum. Pre-existing conditions are covered.

For 2011, Assurant Employee Benefits will continue to administer the prepaid plan. You can search for participating dentists at [Assurant Employee Benefits](#).

Preferred Dental Organization (PDO)

Under the PDO, members can choose any dentist; however, you receive maximum benefits when using a network provider. No referrals are required and you or your dentist file claims for covered services. Some services require waiting periods (e.g., orthodontia) and limitations and exclusions apply.

You pay co-insurance for many covered services and your share is based on the "maximum allowable charge" (MAC) for a given service. You will pay less out-of-pocket when seeking care from a network provider because network dentists and specialists typically agree to the allowable charge upfront. Out-of-network providers typically charge more than the allowable charge, resulting in higher costs for you.

For 2011, Delta Dental will continue to administer the PDO. You can search for participating dentists at [Delta Dental TN](#)—select the Delta Dental PPOSM Network.

Plan Comparison

	Prepaid Plan		PDO Plan	
	General Dentist	Specialist Dentist	In-Network	Out-of-Network
Plan Network	Assurant		Delta Dental	
Annual Deductible	None		None	\$100 per person/ \$300 per family, per year
Annual Maximum Benefit	None		\$1,500 per person, per year	
Preexisting Conditions	Covered		Some exclusions apply	
Office Visit	\$10 co-pay		100% of MAC	80% of MAC
Routine Cleaning (Adult)	No charge		100% of MAC	80% of MAC
X-ray	No charge	\$5 co-pay	80% of MAC	60% of MAC
Amalgam (silver) Filling	\$8 co-pay	\$10 co-pay	80% of MAC	60% of MAC
Major Restorations (e.g., crowns)	\$275 co-pay plus additional lab fees		50% of MAC	
Endodontics	\$250 co-pay	\$600 co-pay	50% of MAC	
Orthodontia	25% off participating orthodontist's usual fees		50% of MAC	
Annual Deductible	None		None	

Contacts

If you have questions or need more information, call the ParTners for Health Call Center at 1-866-741-6464. Customer Service Representatives are available Monday to Friday, from 8:00 a.m. to 8:00 p.m., EST.

[View all contact information, including providers »](#)



Lifetime Maximum	None	\$1,250 (additional limitations apply)
Waiting Period	None	12 months
Age Limit	None	Up to age 19

Note: This benefit comparison provides a summary of dental coverage only. This site does not outline every benefit, limitation or exclusion of the State-sponsored plans. The Plan Documents and Insurance Contracts governing the plans are the legal publications that define eligibility, enrollment, benefits and administrative rules. These documents are available from your agency benefits coordinator or through the Benefits Administration website. Should any questions arise about the nature and extent of your benefits, or if there is a discrepancy between the information presented through this website and the formal language found in the Plan Documents and Insurance Contracts, the Plan Documents and Insurance Contracts will govern.

The Insurance Committees or the Legislature may change the plans at their discretion, in which case you will be given written notice of the change.

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