

Brighter Advantage PPO

Plan Details

Participant **\$37.47**/mo

Plus One **\$71.35**/mo

Family **\$122.40**/mo

Deductible

\$50 per person per benefit year, \$150 maximum per family. Applies to all services except in-network diagnostic and preventive services.

Office Co-Pay

NA

Covered Dental Services	Year 1	Year 2	Year 3	Year 4 (+)
Contract Year Maximum Benefits	\$750	\$1,000	\$1,250	\$1,500
Diagnostic & Preventive Services Exams, Cleanings, Fluoride, Space Maintainers, Brush Biopsy, X-rays, and Periodontal Maintenance	100% Delta Dental PPO 80% Out-of-Network	100% Delta Dental PPO 80% Out-of-Network		
Basic Services Emergency Palliative Treatment, Sealants, Minor Restorative Services (fillings), Simple Extractions, Other Basic Services, and Adjustments and Repairs	50% Delta Dental PPO 40% Out-of-Network	80% Delta Dental PPO 60% Out-of-Network		
Major Services Crowns, Complex Oral Surgery, Endodontics, Periodontics, Teeth Whitening and Bleaching, Major Restorative, Relines, Rebase, Prosthodontics, Implants, and Veneers	25% Delta Dental PPO 10% Out-of-Network	50% Delta Dental PPO 40% Out-of-Network		
Orthodontia (12-month wait) (\$1,000 Lifetime Maximum) Orthodontic benefits are available to all ages under this plan.	Not Included	50% Delta Dental PPO 40% Out-of-Network		

This dental program allows members to utilize any licensed provider. Members who choose a Delta Dental PPO network provider have the lowest out of pocket expenses and cannot be balance billed. The benefits shown above reflects IN-NETWORK benefits and OUT-OF-NETWORK benefits.

Plan Cost

	Monthly	Quarterly	Semi-Annual	Annually
Participant	\$37.47	\$112.41	\$224.82	\$449.64
Plus One	\$71.35	\$214.05	\$428.10	\$856.20
Family	\$122.40	\$367.20	\$734.40	\$1,468.80

One-time Non-Refundable Processing fee: \$25.00

The stated rates above include a \$2.50 per month billing fee.

Methods of Payment

- Visa
- Mastercard
- American Express
- Discover
- Bankdraft

Plan Highlights

- No waiting periods on most benefits
- Orthodontia coverage for all members after 12 months
- Benefits increase after the first year
- Annual maximums increase to \$1000 in the second year; \$1250 in the third year; and \$1500 in the fourth year
- Cosmetic procedures such as teeth whitening and veneers are covered
- Access to more than 100,000 Delta Dental PPO providers nationwide and more than 70% of the practicing dentists in Tennessee
- Underwritten by Delta Dental of Tennessee

Plan Disclosures

Yes. There are some limitations and exclusions with this plan. [For a brief summary of the limitations and exclusions click here.](#)

Frequently Asked Questions

Is this insurance?

Yes.

Is orthodontia covered?

Yes. This plan has a \$1,000 lifetime maximum for orthodontic procedures. Orthodontia is covered under this plan for all ages after a 12-month waiting period.

Does this plan have any limitations or exclusions?

Yes. There are some limitations and exclusions with this plan. Please review the Disclosures tab on this plan.

Is there a waiting period?

Yes, there is a 12-month waiting period for orthodontic coverage on this plan.

Who is eligible for coverage under this plan?

Coverage is offered to Tennessee residents who are 18 years of age or older plus their eligible dependents (spouse and children from birth to age 26).

Are cosmetic procedures covered?

Yes, this plan does cover cosmetic procedures such as teeth whitening and veneers.

How many cleanings a year are covered with this plan?

Two cleanings are covered in a 12-month period. Some members with certain high risk health conditions may receive additional cleanings.

What are my options for selecting an Effective Date?

Plan effective dates are always the 1st of the month. Incomplete enrollment forms or failure to submit the required initial premium amount may cause an initial delay in issuance of insurance. We advise you not to cancel any other insurance or assume you are insured under this plan until you receive your Certificate of Coverage.

What is the deadline for enrollments?

There is no deadline to enroll. Applications submitted by the 15th of the month can become effective on the 1st of the following month. Any applications received after the 15th can become effective on the 1st of the second month.

If my dentist isn't currently in the directory, what can I do?

You may want to call your dentist to confirm whether they are a Delta Dental dentist. If they do not participate in Delta Dental's network, they can charge potentially higher rates than the maximum plan allowance. This may affect how much more you pay out of pocket for procedures. To reduce your out of pocket expenses, we recommend you select a dentist who is in the directory.

What should I expect to see on my Bank/Credit Card Statement for my premium payments?

Insurance 8888593795 will appear on your statement as the charge for your premiums.

What if I need to make changes to my coverage (example: add or remove a dependent/spouse)?

You can call Morgan-White (administrator for Delta Dental of Tennessee) at 1-855-844-0445. This plan is a 12-month contract and you will be unable to make any changes until the next open enrollment.

Can I change my dentist once I am in the plan?

Yes, you may change your dentist at any time. Your out of pocket expenses may be less if you choose a Delta Dental PPO provider.

When will I receive my enrollment package and what will it include?

You will receive your electronic enrollment package upon completion of enrollment and payment of applicable premiums/enrollment fees, or a few days prior to the selected effective date. This enrollment package will include your policy and temporary I.D. cards. You will receive a Welcome Packet in the mail within 4-6 weeks.

Can I change my payment type from monthly to another available option once I am in the plan?

Yes.

Do I need to obtain claim forms?

One of the advantages of visiting a Delta Dental PPO network dentist is that they will file the claim on your behalf. However, if services are provided by an out of network dentist, you may be required to file a claim yourself for reimbursement.

When will my first payment be taken?

The \$25 non-refundable enrollment fee plus your first months premium is due at time of enrollment. Banking/Saving account-Please allow up to 3 business days. Credit/Debit Card-Will be taken immediately.

Will I receive a renewal notice?

No. Once enrolled, the plan will automatically renew unless you send a cancellation notice. All cancellations require a 30 day notice via email to individualchanges@morganwhite.com or by fax to (601) 956-3795.

Will I be able to cancel the dental plan after I have enrolled?

No, unless there is a qualifying event (proof required). These policies are 12-month contracts that will renew annually upon your benefit anniversary date. If you choose to cancel coverage upon the expiration of your policy, you must provide a written notice of termination 30 days prior to the anniversary date via email to individualchanges@morganwhite.com or by fax to (601) 956-3795. Please note that you will not be able to re-apply for coverage for 12 months.

Can my coverage be cancelled?

Yes, if you do not pay your premiums on time and you will not be able to re-apply for 12 months.

When will I receive a billing statement?

Payments are automatically deducted from the credit card or bank account supplied to us at time of enrollment on the 18th of every month for the month ahead. We do not send out paper billing statements.