

Keep Smiling

Delta Dental PPO™

UT SELECT Dental Plus



Stay in network to save

Visit a dentist in the PPO¹ network to maximize your savings.² These dentists have agreed to reduced fees, and you won't get charged more than your expected share of the bill.³ Find a PPO dentist at deltadentalins.com/universityoftexas.

If you can't find a PPO dentist, consider a Delta Dental Premier[®] dentist. These dentists have agreed to set fees and offer another opportunity to save.

Set up an online account

Get information about your plan, check benefits and eligibility information, find a network dentist and more. Sign up for an online account at deltadentalins.com/universityoftexas.

Check in without an ID card

You don't need a Delta Dental ID card when you visit the dentist. Just provide your name, birth date and enrollee ID or Social Security number. If your family members are covered under your

plan, they'll need to provide your information. Prefer to have an ID card? Simply log in to your account to view or print your card.

Coordinate dual coverage

If you're covered under two plans, ask your dental office to include information about both plans with your claim — we'll handle the rest.

Understand transition of care

Generally, multi-stage procedures are covered under your current plan only if treatment began after your plan's effective date of coverage.⁴ Log in to your online account to find this date.

Get LASIK and hearing aid discounts

With access to QualSight and Amplifon Hearing Health Care⁵, you can save as much as 50% on LASIK procedures and more than 60% on hearing aids. To take advantage of these discounts, call QualSight at **855-248-2020** and Amplifon at **888-779-1429**.

Save with a PPO dentist



PPO



PREMIER



NON-DELTA DENTAL

¹ In Texas, Delta Dental Insurance Company provides a dental provider organization (DPO) plan.

² You can still visit any licensed dentist, but your out-of-pocket costs may be higher if you choose a non-PPO dentist. Network dentists are paid contracted fees.

³ You are responsible for any applicable deductibles, coinsurance, amounts over annual or lifetime maximums and charges for non-covered services. Out-of-network dentists may bill the difference between their usual fee and Delta Dental's maximum contract allowance.

⁴ Applies only to procedures covered under your plan. If you began treatment prior to your effective date of coverage, you or your prior carrier is responsible for any costs. Group- and state-specific exceptions may apply. If you are currently undergoing active orthodontic treatment, you may be eligible to continue treatment under Delta Dental PPO. Review your Evidence of Coverage, Summary Plan Description or Group Dental Service Contract for specific details about your plan.

⁵ Vision corrective services and Amplifon's hearing health care services are not insured benefits. Delta Dental makes the vision corrective services program and hearing health care services program available to you to provide access to the preferred pricing for LASIK surgery and for hearing aids and other hearing health services.

Benefit Highlights

Delta Dental PPO™

For: **University of Texas**

Group No: **05968**

Benefits and Covered Services*	UT SELECT Dental Plus**
Eligibility	Primary enrollee, spouse and eligible dependent children to the end of the month dependent turns 26
Deductible per person per plan year	No deductible with UT SELECT Dental Plus
Maximum per person per plan year	\$3,000
Lifetime orthodontic maximum per person	\$3,000
Diagnostic & Preventive Services (D&P) Exams, cleanings, x-rays and sealants	100%
Basic Services Fillings and stainless steel crowns	100%
Endodontics Root canals	100%
Periodontics Periodontal scaling, root planing, and treatment of gum disease	100%
Oral Surgery	100%
Major Services Crowns, inlays, onlays and cast restorations, bridges and dentures	80%
Orthodontic Benefits Adults and dependent children	80%

* Limitations may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental contract allowances and not necessarily each dentist's actual fees.

** Fees are based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists, and Premier contracted fees for non-Delta Dental dentists.

Example: Procedure D2790, Crown Based on fee for Austin TX 78701	Sample Claim Payment (assuming deductible and contract provisions are met)		
	PPO dentist	Premier dentist	Non-Delta Dental dentist
Dentist bills	\$1,025.00	\$1,025.00	\$1,025.00
Dentist accepts \$___ as payment in full (Delta Dental's agreed-upon fee)	\$677.00	\$825.00	\$1,025.00 No fee agreement with Delta Dental
Delta Dental payment of 80%	\$541.60	\$660.00	\$820.00
Your payment	\$135.40	\$165.00	\$205.00

Delta Dental Insurance Company
1130 Sanctuary Parkway, Suite 600
Alpharetta, GA 30009

Customer Service
800-893-3582

Claims Address
P.O. Box 1809
Alpharetta, GA 30023-1809

deltadentalins.com/universityoftexas

This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions regarding the benefits, limitations or exclusions for your plan, please consult your company's benefits representative.