Save with PPO
Visit a dentist in the PPO network to maximize your savings.¹ These dentists have agreed to reduced fees, and you won’t get charged more than your expected share of the bill.² Find a PPO dentist at deltadentalins.com/universityoftexas.

Set up an online account
Get information about your plan anytime, anywhere by signing up for an online account at deltadentalins.com/universityoftexas. This free service, available once your coverage kicks in, lets you check benefits and eligibility information, find a network dentist and more.

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 will need your information. Prefer to take a paper or electronic ID card with you? Simply log in to your account, where you can view or print your card with the click of a button.

Coordinate dual coverage
If you’re covered under two plans, ask your dental office to include information about both plans with your claim, and we’ll handle the rest.

Understand transition of care
Did you start on a dental treatment plan before your PPO coverage kicked in? Generally, multi-stage procedures are only covered under your current plan if treatment began after your plan’s effective date of coverage.³ You can find this date by logging in to your online account.

Save with a PPO dentist

¹ 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.
² 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.
³ 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.

LEGAL NOTICES: Access federal and state legal notices related to your plan at deltadentalins.com/about/legal/index-enrollee.html.
### Benefit Highlights
**Delta Dental PPO™**

For: **University of Texas**  
Group No: **05968**

<table>
<thead>
<tr>
<th>Benefits and Covered Services*</th>
<th>UT SELECT Dental**</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Eligibility</strong></td>
<td>Primary enrollee, spouse and eligible dependent children to the end of the month dependent turns 26</td>
</tr>
<tr>
<td><strong>Deductible per person per plan year</strong></td>
<td>$25</td>
</tr>
<tr>
<td><strong>Maximum per person per plan year</strong></td>
<td>$1,250</td>
</tr>
<tr>
<td><strong>Lifetime orthodontic maximum per person</strong></td>
<td>$1,250</td>
</tr>
</tbody>
</table>
| **Diagnostic & Preventive Services (D&P)**  
Exams, cleanings, x-rays and sealants | 100% |
| **Basic Services**  
Fillings, stainless steel crowns | 80% |
| **Endodontics**  
Root canals | 80% |
| **Periodontics**  
Periodontal scaling, root planing, and treatment of gum disease | 80% |
| **Oral Surgery** | 80% |
| **Major Services**  
Crowns, inlays, onlays and cast restorations, bridges and dentures | 50% |
| **Orthodontics**  
Adults and dependent children | 50% |

* 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.

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**Example: Procedure D2790, Crown Based on fee for Austin TX 78701**

<table>
<thead>
<tr>
<th></th>
<th>PPO dentist</th>
<th>Premier dentist</th>
<th>Non-Delta Dental dentist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dentist charges</td>
<td>$1,528</td>
<td>$1,528</td>
<td>$1,528</td>
</tr>
<tr>
<td>Plan approved</td>
<td>$677</td>
<td>$825</td>
<td>$1,528</td>
</tr>
<tr>
<td>Plan allowance</td>
<td>$677</td>
<td>$825</td>
<td>$825</td>
</tr>
<tr>
<td>Coinsurance</td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Your plan pays</td>
<td>$338.50</td>
<td>$412.50</td>
<td>$412.50</td>
</tr>
<tr>
<td>You pay</td>
<td>$338.50</td>
<td>$412.50</td>
<td>$1,115.50</td>
</tr>
</tbody>
</table>

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**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.

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