



# Keep Smiling

## Delta Dental DPO

### Stay in network to save

Visit a dentist in the DPO<sup>1</sup> network to maximize your savings.<sup>2</sup> These dentists have agreed to reduced fees, and you won't get charged more than your expected share of the bill.<sup>3</sup> Find a DPO dentist at [deltadentalins.com](http://deltadentalins.com).

If you can't find a dentist, Delta Dental Premier<sup>®</sup> dentists offer the next best opportunity to save. Unlike non-Delta Dental dentists, they have agreed to set fees, and you won't get charged more than your expected share of the bill.

### Register online or download the mobile app

Get Information about your plan anytime, anywhere by signing up for an online account at [deltadentalins.com](http://deltadentalins.com) or by downloading the mobile app

### Check in without an ID card

You don't need a Delta Dental ID card when you visit the dentist. Simply log in to your account,

where you can view or print your card or download the mobile app to view or print your ID card.

### Maximum Enhancement

An enrollee can rollover up to \$400 of the unused Annual Maximum from the preceding benefit year to a cumulative total of \$1500. Please refer to the Benefit Guide for qualifying conditions and additional details.

### Treatment in Progress

Did you start on a dental treatment plan before your coverage kicked in? Get Information about your plan anytime, anywhere by signing up for an online account at [deltadentalins.com](http://deltadentalins.com) or by downloading the mobile app

## Save with a DPO dentist



DPO NETWORK



PREMIER NETWORK



NON-DELTA DENTAL

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

<sup>2</sup> 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.

<sup>3</sup> 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.

<sup>4</sup> 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 DPO. Review your Evidence of Coverage, Summary Plan Description or Group Dental Service Contract for specific details about your plan.

**Plan Benefit Highlights for:** University Health System

**Group No:** 21060

**Effective Date:** 1/1/2021

**DELTA DENTAL PPO<sup>SM</sup>**

**BENEFIT HIGHLIGHTS**

<b>Eligibility</b>	Primary enrollee, spouse (includes domestic partner) and eligible dependent children to age 26
<b>Deductibles</b>  Deductibles waived for Diagnostic & Preventive (D & P) and Orthodontics, if applicable?	<b>Low Plan:</b> \$50 per person / \$150 per family each calendar year <b>High Plan:</b> \$50 per person / \$100 per family each calendar year  Yes
<b>Maximums</b>  D & P counts toward maximum?	<b>Low Plan:</b> \$1,500 per person each calendar year <b>High Plan:</b> \$2,000 per person each calendar year  Yes

Benefits and Covered Services*	Low Plan		High Plan	
	Delta Dental DPO dentists <sup>†</sup>	Non-Delta Dental DPO dentists <sup>†</sup>	Delta Dental DPO dentists <sup>†</sup>	Non-Delta Dental DPO dentists <sup>†</sup>
<b>Diagnostic &amp; Preventive Services (D &amp; P)</b> Exams, cleanings, x-rays and sealants	100 %	100 %	100 %	100 %
<b>Basic Services</b> Fillings and denture repair/reline/rebase/adjustments	80 %	80 %	80 %	80 %
<b>Endodontics</b> (root canals) Covered Under Basic Services	80 %	80 %	80 %	80 %
<b>Periodontics</b> (gum treatment) Covered Under Basic Services	80 %	80 %	80 %	80 %
<b>Oral Surgery</b> Covered Under Basic Services	80 %	80 %	80 %	80 %
<b>Major Services</b> Crowns, inlays, onlays and cast restorations	50 %	50 %	50 %	50 %
<b>Prosthodontics</b> Bridges and dentures	50 %	50 %	50%	50 %
<b>Temporomandibular Joint (TMJ) Benefits</b>	0 %	0 %	50%	50 %
<b>Implant Benefits</b>	0 %	0 %	50 %	50 %
<b>Orthodontic Benefits</b> Adults and dependent children	0 %	0 %	50 %	50 %
<b>Orthodontic Lifetime Maximums</b>	N/A	N/A	\$1,500	\$1,500
	<b>Low Plan</b>		<b>High Plan</b>	
Employee only	\$23.34		\$25.64	
Employee + Spouse/Domestic Partner	\$46.48		\$51.22	
Employee + Children	\$56.91		\$69.71	
Family (EE, Spouse, & Child(ren))	\$75.46		\$90.60	

\* Limitations or waiting periods 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.

† Reimbursement is based on DPO contracted fees for DPO dentists, Premier contracted fees for Premier dentists and Premier contracted fees for non-Delta Dental dentists.

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

**Customer Service**  
800-521-2651

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

[deltadentalins.com](http://deltadentalins.com)

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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