



THE  
TEXAS A&M  
UNIVERSITY  
SYSTEM

# Benefits overview



Your plan options:

Delta Dental PPO<sup>™</sup>

DPO in Texas

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DeltaCare<sup>®</sup> USA

# Key Insights: Compare your options

## PPO

- Visit any licensed dentist, but save money by staying in network
- Pay coinsurance amount (%) not covered by the plan
- Deductibles and maximums may apply

## DeltaCare USA

- Choose your selected primary care dentist from the DeltaCare USA network
- Pay set copayment (\$) for the procedure direct to your primary dentist
- No deductibles or annual maximums



# PPO option

Overview

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For coverage details,  
see your benefit  
highlights sheet.

Your dedicated Delta Dental site:

<https://www.deltadentalins.com/tamus/>

Plan Benefit Highlights for: Texas A&M University System  
Group No: 04170

<b>Eligibility</b>	Primary enrollee, spouse and eligible dependent children to the end of the month dependent turns age 26			
<b>Deductibles</b>	\$75 per person / \$225 per family each plan year			
Deductibles waived for Diagnostic & Preventive (D & P)?	Yes			
<b>Maximums</b>	\$1,500 per person each plan year			
D & P counts toward maximum?	No			
<b>Waiting Period(s)</b>	Basic Services None	Major Services None	Prosthodontics None	Orthodontics None

Benefits and Covered Services*	Delta Dental PPO dentists**	Non-Delta Dental PPO dentists**
<b>Diagnostic &amp; Preventive Services (D &amp; P)</b> Exams, cleanings, x-rays and sealants	100%	100%
<b>Basic Services</b> Fillings and posterior composites	80%	80%
<b>Endodontics (root canals)</b> Covered Under Basic Services	80%	80%
<b>Periodontics (gum treatment)</b> Covered Under Basic Services	80%	80%
<b>Oral Surgery</b> Covered Under Basic Services	80%	80%
<b>Oral Surgery Maximums</b>	\$1,500 Lifetime	\$1,500 Lifetime
<b>Major Services</b> Crowns, inlays, onlays and cast restorations	50%	50%
<b>Prosthodontics</b> Bridges, dentures and implants	50%	50%
<b>Orthodontic Benefits</b> Adults and dependent children	50%	50%
<b>Orthodontic Maximums</b>	\$1,500 Lifetime	\$1,500 Lifetime

# Maximums and deductibles

- An **annual maximum** is the total your plan pays for covered services each year
- A **deductible** is the amount you pay out of pocket before your plan begins to cover services
- A **lifetime orthodontic maximum** is the total your plan pays for orthodontic treatment

	<b>Delta Dental PPO</b>
<b>Deductible</b> Per plan year	\$75 per person \$225 per family Waived for Diagnostic & Preventive services
<b>Annual maximum</b> Per plan year for Basic & Major services	\$1,500 per person Diagnostic & Preventive services waived from annual max
<b>Oral Surgery</b> Lifetime maximum	\$1,500 per person Lifetime=1x
<b>Orthodontic</b> Lifetime maximum	\$1,500 per person Lifetime=1x

# Your PPO coverage

What's covered: Diagnostic and Preventive care



## Delta Dental PPO

Dental exam  
(3x per plan year)

Plan pays 100%

Cleaning  
(3x per plan year)

Plan pays 100%

Sealants  
(under age 16)

Plan pays 100%

# Your PPO coverage

What's covered: Basic services



## Delta Dental PPO

Your plan pays

Amalgam (silver) filling, back tooth

Plan pays 80%

Resin (white) filling, front tooth

Plan pays 80%

Root canal, back tooth

Plan pays 80%

Oral surgery

Plan pays 80%

Night Guard

Plan pays 80%



# Your PPO coverage

What's covered: Major services and prosthodontics

## Delta Dental PPO

Your plan pays

Crowns

Plan pays 50%

Complete upper denture

Plan pays 50%

Complete lower denture

Plan pays 50%

Bridge

Plan pays 50%

Dental implant

Plan pays 50%



# Your PPO coverage

What's covered: Orthodontics

## Delta Dental PPO

Your plan pays

Comprehensive orthodontics  
(child)

Plan pays 50%

Comprehensive orthodontics  
(adult)

Plan pays 50%



PPO Plan covers orthodontics with a lifetime max (LTM) of \$1,500

The lifetime maximum is the maximum dollar amount your plan will pay toward orthodontic care.

# Pre-treatment estimate

Recommended for dental work over \$300



Your dentist submits treatment plan



Delta Dental sends you and the dentist an estimate of how much would be covered



# DeltaCare USA option

Overview

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Only for TAMUS residents living in:

California, Colorado, District of Columbia, Florida, Georgia, Maryland, Minnesota, New York, Tennessee, Texas, Utah



For a full list of covered procedures and costs, see your plan booklet.

**Benefit Highlights:**

- Set copays
- No annual maximums
- No deductibles
- No claims
- Low premiums

For a complete list of copays & limitations visit:  
<https://www.deltadentalins.com/tamus/>

Plan TX15B	DeltaCare USA	Description of Benefits and Copayments
<b>D3000-D3999</b>	<b>IV. ENDODONTICS</b>	
D3110	Pulp cap - direct (excluding final restoration)	\$5.00
D3120	Pulp cap - indirect (excluding final restoration)	\$5.00
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	\$45.00
D3221	Pulpal debridement, primary and permanent teeth	\$50.00
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	\$45.00
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	\$60.00
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	\$60.00
D3310	Root canal - endodontic therapy, anterior tooth (excluding final restoration)	\$125.00
D3320	Root canal - endodontic therapy, premolar tooth (excluding final restoration)	\$215.00
D3330	Root canal - endodontic therapy, molar tooth (excluding final restoration)	\$365.00
D3331	Treatment of root canal obstruction; non-surgical access	\$80.00
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	\$80.00
D3333	Internal root repair of perforation defects	\$80.00
D3346	Retreatment of previous root canal therapy - anterior	\$155.00
D3347	Retreatment of previous root canal therapy - premolar	\$245.00
D3348	Retreatment of previous root canal therapy - molar	\$395.00
D3351	Apexification/recalcification - initial visit (apical closure/calific repair of perforations, root resorption, etc.)	\$80.00
D3352	Apexification/recalcification - interim medication replacement (apical closure/calific repair of perforations, root resorption, pulp space disinfection, etc.)	\$55.00
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calific repair of perforations, root resorption, etc.)	\$55.00
D3410	Apicoectomy - anterior	\$155.00
D3421	Apicoectomy - premolar (first root)	\$165.00
D3425	Apicoectomy - molar (first root)	\$175.00
D3426	Apicoectomy (each additional root)	\$100.00
D3430	Retrograde filling - per root	\$75.00
D3450	Root amputation - per root	\$85.00
D3471	Surgical repair of root resorption - anterior	\$155.00
D3472	Surgical repair of root resorption - premolar	\$155.00
D3473	Surgical repair of root resorption - molar	\$155.00
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption - anterior	\$155.00
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption - premolar	\$155.00
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption - molar	\$155.00
D3920	Hemisection (including any root removal), not including root canal therapy	\$75.00
<b>D4000-D4999</b>	<b>V. PERIODONTICS</b>	
<i>- Includes preoperative and postoperative evaluations and treatment under a local anesthetic.</i>		
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	\$160.00
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	\$95.00
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	\$95.00
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	\$160.00
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	\$95.00
D4245	Apically positioned flap	\$175.00
D4249	Clinical crown lengthening - hard tissue	\$150.00
D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	\$385.00
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	\$308.00
D4263	Bone replacement graft - retained natural tooth - first site in quadrant	\$235.00
D4264	Bone replacement graft - retained natural tooth - each additional site in quadrant	\$85.00
S-A-TX-STD-R20		TX15B - V21

# What's covered

Your DeltaCare USA – Dental HMO plan



## Deductibles and maximums

None

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## Diagnostic and preventive services

Cleanings (once each 6 months) \$5

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Exams \$0

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Bitewing x-rays \$0

# What's covered

Your DeltaCare USA – Dental HMO plan

## Basic services

Amalgam fillings (one surface)	\$8
Root canals (Anterior, excluding final restoration)	\$125
Scaling and root planning (per quadrant, limited to 4 per 12 consecutive months)	\$60

## Major services

Crown (porcelain/ceramic substrate)	\$395
Complete Denture (maxillary)	\$365



# What's covered

Your DeltaCare USA – Dental HMO plan



## Comprehensive orthodontic treatment

### Children

(Child or adolescent to age 19)

**\$1,900** copayment plus pre- and post-treatments costs

### Adults

(including dependent adult children covered to age 26)

**\$2,100** copayment plus pre- and post-treatments costs



# Specialty and emergency care

DeltaCare USA - Dental HMO Plan

- If you need specialty care, your primary care dentist will refer you
- Your primary care dentist requests authorization for specialty services
- Plan includes out-of-network coverage for emergencies





# Contact Delta Dental Insurance Company

**PPO: 800-521-2651**

Monday through Friday, 8 am – 8 pm EST  
Automated telephone system: 24/7

**DeltaCare USA: 800-422-4234**

Monday through Friday, 8 am – 9 pm EST  
Automated telephone system: 24/7



# Visit your dedicated TAMUS website with Delta Dental

Website: <https://www.deltadentalins.com/tamus/>



The screenshot shows the Delta Dental TAMUS website. At the top left is the Delta Dental logo. On the right, there are dropdown menus for "Delta Dental PPO" and "DeltaCare USA". The main header area is green and contains the text "Welcome Texas A&M University System" on the left and "THE TEXAS A&M UNIVERSITY SYSTEM" on the right. Below the welcome text is a green button that says "Sign in / register".

The middle section is titled "Find a dentist" and includes the text "Looking for a dentist? Find the one that's right for you." Below this are two input fields: "Location\*" with a placeholder "Enter address, city or ZIP code" and "Network\*" with a dropdown menu "Select a network". A green button labeled "Find a dentist" is positioned below the fields. A note below the button reads: "Please note: Clicking the Find a dentist button will take you to the main Delta Dental website, [deltadentalins.com](https://www.deltadentalins.com). You may find information on our main site that is not specific to your plan and benefits."

To the right of the "Find a dentist" section is a photograph of a male dentist in a white coat and a female dental assistant in blue scrubs looking at a tablet together.

The bottom section is titled "Get started with your Delta Dental plan" and includes the text "Get the most value from our online resources by creating a secure online account. Register now to review the specific details of your plan:". Below this is a list of four bullet points: "Find a network dentist near you", "Select your network dentist (DeltaCare USA enrollees only)", "Check your PPO or DeltaCare USA benefits and eligibility", "View or print your ID card (Please note: An ID card is not needed to receive services.)", and "Go paperless by signing up to receive email notifications when a dental benefit statement is available online and discontinue your mailed statements. (Delta Dental PPO and Delta Dental Premier enrollees only)". A green button labeled "Register" is located at the bottom right of this section.

Below the "Get started" section is a photograph of a woman in a white shirt and a woman in blue scrubs standing at a desk in a dental office, with the woman in scrubs pointing at a laptop screen.





# Value-added features

Savings you can see and hear

# Savings you can hear and see

Discounts on hearing aids and LASIK eye surgery



- Discounts on hearing aids and one year of free follow-up care
- 66% average savings off retail hearing aid pricing
- Call Amplifon at **888-779-1429**



- Discount on LASIK eye surgery, including pre- and post-operative visits
- 35% off national average price
- Call QualSight at **855-284-2020**

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Immediate  
access to  
special offers



Unlimited  
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redemption



Wellness  
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resources

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Together we shine.