

Benefits overview





Your plan options:

Delta Dental PPO[™]

DPO in Texas

DeltaCare® 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

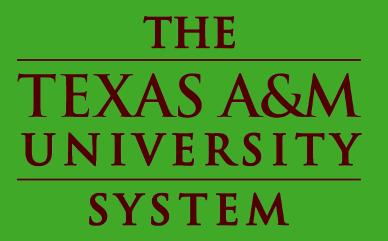
- Choose your selected primary care dentist from the DeltaCare USA network
- Pay set copayment (\$) for the procedure direct to your primary dentist
- No deductibles or annual maximums



DELTA DENTAL°

PPO option

Overview





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

Eligibility	Primary enrollee, spouse and eligible dependent children to the end of the month dependent turns age 26				
Deductibles	\$75 per person / \$2	\$75 per person / \$225 per family each plan year			
Deductibles waived for Diagnostic & Preventive (D & P)?	Yes				
Maximums	\$1,500 per person each plan year				
D & P counts toward maximum?	No				
Waiting Period(s)	Basic Services	Major Services	Prosthodontics	Orthodontics	
	None	None	None	None	

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

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



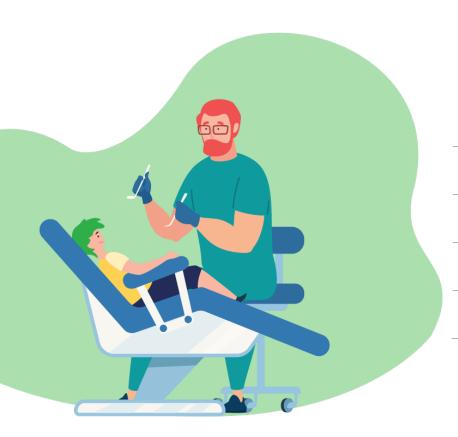
What's covered: Diagnostic and Preventive care



Dental exam (3x per plan year)	Plan pays 100%
Cleaning (3x per plan year)	Plan pays 100%
Sealants (under age 16)	Plan pays 100%



What's covered: Basic services



	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%



What's covered: Major services and prosthodontics

	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%





What's covered: Orthodontics

Comprehensive orthodontics

Comprehensive orthodontics

(child)

(adult)

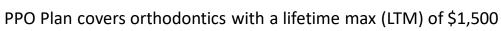
Del	lta	Denta	l PPO
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Your plan pays

Plan pays 50%

Plan pays 50%

O



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



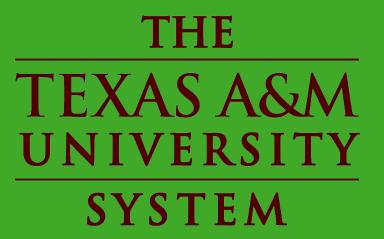




DELTA DENTAL°

DeltaCare USA option

Overview



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:

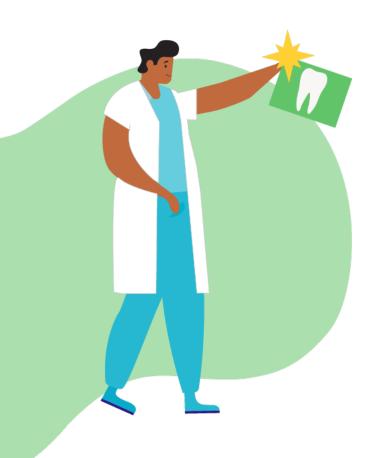
- Set copays
- No annual maximums
- No deductibles
- No claims
- Low premiums

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

Root canal - endodontic therapy, molar tooth (excluding final restoration) \$365.0 Treatment of root canal obstruction; non-surgical access \$80.0 Treatment of previous root canal therapy - anterior \$80.0 Treatment of previous root canal therapy - anterior \$80.0 Treatment of previous root canal therapy - anterior \$80.0 Treatment of previous root canal therapy - anterior \$80.0 Treatment of previous root canal therapy - molar \$245.0 Treatment of previous root canal therapy - molar \$395.0 Treatment of previous root canal therapy - molar \$395.0 Treatment of previous root canal therapy - molar \$395.0 Treatment of previous root canal therapy - molar \$395.0 Treatment of previous root canal therapy - molar \$395.0 Treatment of previous root canal therapy - molar \$395.0 Treatment of previous root canal therapy - molar \$395.0 Treatment of previous root canal therapy - molar \$395.0 Treatment of previous root canal therapy - molar \$395.0 Treatment of previous root canal therapy - molar (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.) \$80.0 Treatment of previous root resorption pulp space disinfection, etc.) \$80.0 Treatment of previous root resorption pulp space disinfection, etc.) \$80.0 Treatment of previous root resorption pulp space disinfection, etc.) \$80.0 Treatment of previous root resorption pulp space disinfection, etc.) \$80.0 Treatment of previous root resorption pulp space disinfection, etc.) \$80.0 Treatment of previous root resorption pulp space disinfection, etc.) \$80.0 Treatment of perforations, root resorption pulp space disinfection, etc.) \$80.0 Treatment of perforations, root resorption pulp space disinfection, etc.) \$80.0 Treatment of perforations, root resorption pulp space pulp of perforations, root resorption pulp space pulp of perforations, root resorption pulp space pulp o	Plan	TX15B DeltaCare USA	Description of Benefits and Copayme	ent
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What's covered

Your DeltaCare USA – Dental HMO plan



Deductibles and maximums

None

Diagnostic and preventive services

Cleanings (once each 6 months)	\$5
Exams	\$0
Bitewing x-rays	\$0



What's covered

Your DeltaCare USA – Dental HMO plan

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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

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(Child or adolescent to age 19)

Adults

(including dependent adult children covered to age 26)

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

\$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

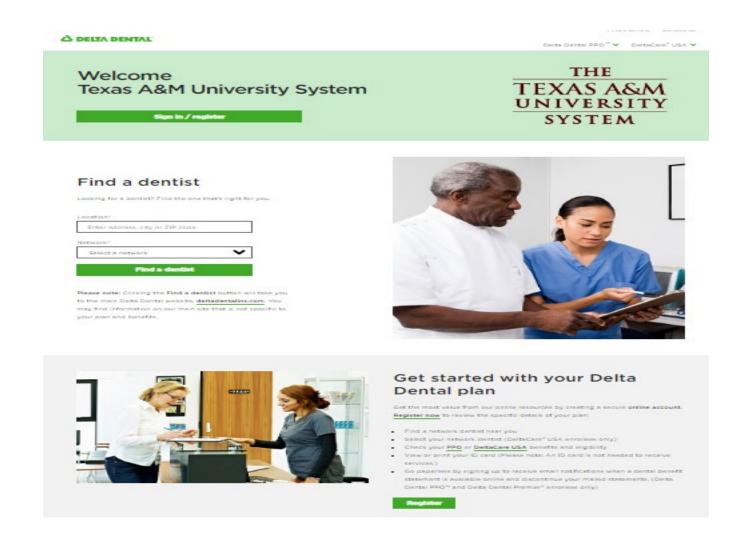
DeltaCare USA: 800-422-4234

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



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











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