

Introduction

This is a brief description of the dental benefits program offered to you by The University of Texas System through Delta Dental Insurance Company (Delta Dental). The University’s dental plan includes two provider networks, the Dental Provider Organization (DPO) network and the Delta Dental Premier® (Premier) network, and also provides employees, retirees and their families flexibility to visit the dentist of their choice.

The DPO network offers contracted dentists who have agreed to accept reduced fees as payment in full for their services. Premier Dentists agree to accept Delta Dental’s maximum allowed amount (which may be higher than the DPO amount) as payment in full. Non-Delta Dental Dentists may bill you up to their submitted charge. When you visit a DPO Dentist, you will probably pay less out of pocket than when you visit a Premier Dentist or a non-Delta Dental Dentist. Neither DPO Dentists nor Premier Dentists will balance bill you above Delta Dental’s allowed amount. The chart to the right provides a comparative example of how this might work based on the network participation of the dentist you select.

To find a Dentist

Just call your dentist’s office and ask if they are a DPO Dentist or a Premier Dentist. To locate a dentist, visit our web site at www.deltadentalins.com/universityoftexas for a list of dentists closest to your address or contact Delta Dental customer service. DPO and Premier Dentists will file all claim forms for you and accept Delta Dental’s share of the bill directly from Delta Dental. During your first appointment, remember to give your dentist the Delta Dental group number and your identification number.

Helpful Reminders

This program allows you to:

- Change dentists at any time without pre-approval
- Visit the specialist of your choice without pre-approval
- Select a different dentist for each covered member of your family

You will receive the maximum advantages of your plan by visiting a DPO Dentist. Premier Dentists may also save you some out-of-pocket expenses. A non-Delta Dental Dentist may charge you the entire portion of the bill up front, and may balance bill you the difference between Delta Dental’s allowed amount and their submitted charge.

PRINCIPAL BENEFITS AND COVERED SERVICES

*Highlights of Your Dental Program Coverage**
This is not your Schedule of Benefits Booklet.

DEDUCTIBLE/MAXIMUM

Plan year deductible**
 \$25 per person
 Maximum benefits per plan year
 \$1,250 per person

Plan Year - September 1 through August 31

DIAGNOSTIC AND PREVENTIVE BENEFITS

100% of Delta Dental's allowed amount

- oral examination
- x-rays
- prophylaxis (regular cleanings or periodontal cleanings)
- fluoride treatment - to age 19
- sealants - through age 15
- space maintainers - to age 14
- specialist consultation

BASIC BENEFITS

80% of Delta Dental's allowed amount

- oral surgery (extractions including surgical removal of teeth)
- amalgam or composite restorations (fillings) for treatment of carious lesions (visible destruction of hard tooth structure resulting from dental decay)

BASIC BENEFITS (continued)

80% of Delta Dental's allowed amount

- endodontics (root canal therapy)
- periodontics (treatment of gums and bones supporting teeth)
- biopsy/tissue examination
- denture repair

CROWNS, JACKETS AND CAST RESTORATIONS

50% of Delta Dental's allowed amount

- for treatment of carious lesions (visible destruction of hard tooth structure resulting from dental decay) which cannot be restored with amalgam, synthetic or plastic restorations and prefabricated stainless steel restoratives.

PROSTHODONTIC BENEFITS

50% of Delta Dental's allowed amount

- bridges (fixed and removable)
- partial dentures
- full dentures

ORTHODONTIC BENEFITS

50% of Delta Dental's allowed amount
 \$1,250 lifetime maximum per person

* See your Schedule of Benefits booklet for limitations on these benefits.

** Diagnostic, Preventive and Orthodontic Benefits are exempt from the deductible.

Sample Claim Payment

(Assuming deductible and contract provisions are met)
 Example: Procedure 2790, Crown
 Based on fee for Austin, TX 78701

| | DPO Dentist | Premier Dentist | Non-Delta Dental Dentist |
|---|-----------------|-----------------|------------------------------------|
| Dentist bills | \$901.00 | \$901.00 | \$901.00 |
| Dentist accepts \$___ as payment in full (Delta Dental's agreed-upon fee) | \$602.00 | \$800.00 | No fee agreement with Delta Dental |
| Delta Dental payment of 50% | \$301.00 | \$400.00 | \$400.00 |
| Patient payment | \$301.00 | \$400.00 | \$501.00 |
| Patient Saves* | \$200.00 | \$101.00 | \$0 |

*Savings over a non-Delta Dental Dentist

Summary of Services Not Covered

- a) Services for injuries or conditions which are compensable under Workers' Compensation or Employers' Liability Laws; services which are provided to the eligible person by any federal or state government agency, except for services covered by the Medical Assistance Act of 1967, as amended or are provided without cost to the eligible person by any municipality, county or other political subdivision, except as exclusion may be prohibited by law.
- b) Services with respect to congenital (hereditary) or developmental (following birth) malformations or cosmetic surgery or dentistry for purely cosmetic reasons, including but not limited to cleft palate, maxillary and mandibular (upper and lower jaw) malformations, enamel hypoplasia (lack of development), fluorosis (a type of discoloration of the teeth), and anodontia (congenitally missing teeth).
- c) Services for restoring tooth structure lost from wear, for rebuilding or maintaining chewing surfaces due to teeth out of alignment or occlusion, or for stabilizing the teeth. Such services include but are not limited to equilibration and periodontal splinting.
- d) Prescribed drugs, medication, analgesia, vitamins or dietary supplements.
- e) Experimental procedures.
- f) All hospital costs and any additional fees charged by a dentist for hospital treatment.
- g) Charges for anesthesia, including IV sedation, other than by a licensed Dentist for administering general anesthesia in connection with covered oral surgery services or gingivoplasty or gingivectomy or osseous surgery (these services may be covered under an Enrollee's medical plan).
- h) Extraoral grafts (grafting of tissues from outside the mouth to oral tissues) or implants (materials implanted into or on bone or soft tissue) or the removal of implants, except as provided under Limitations on Prosthodontic Benefits.

- i) Diagnosis or treatment by any method of any condition related to the temporomandibular (jaw) joint.
- j) Services performed by any person other than a Dentist (Doctor of Dentistry) or auxiliary personnel legally authorized to perform services under the supervision of a Dentist.
- k) Procedures performed to restore or replace teeth lost unless the extraction occurred while the Primary Enrollee was eligible for coverage under The University of Texas System.
- l) Removal of impacted teeth for preventive purposes.

The preceding information is offered as a brief description of the dental benefits provided under The University of Texas System's dental program administered by Delta Dental Insurance Company and what Delta Dental pays for services covered under the program. It is not a Schedule of Benefits booklet for the program. If you have specific questions regarding benefit structure, limitations or exclusions, consult your Schedule of Benefits booklet or contact us at:

**Delta Dental Insurance Company
P.O. Box 1809
Alpharetta, GA 30023-1809
1-800-893-3582**

www.deltadentalins.com/universityoftexas



THE UNIVERSITY OF TEXAS SYSTEM

**UT Dental Select
Group Number 5968**

*This is a quick overview
of the
Delta Dental plan.**

**Refer to your Schedule of Benefits Booklet
for more detailed information.*