



Delta Dental Plan Option for George Washington University Students

DELTA DENTAL PPO PLAN 2025-2026 Policy Year Enrollment Form

Introduction

Contact Information

Dental Plan

Enrollment Form

Benefit Information



Provider Search



Member Information

Thank you for submitting your on-line enrollment application. Your application has been successfully submitted and your information is summarized at the bottom of this page. Please print out a copy of this confirmation page.

Here is a copy of the "IMPORTANT THINGS TO KNOW" section (that appeared on the enrollment form just above the "Submit" button) for your records.

IMPORTANT THINGS TO KNOW BEFORE SUBMITTING YOUR FORM:

- **Eligible Dependents:** Eligible Dependents include a spouse and/or dependent children up to age 19. Parents may not be enrolled in your plan.
- **Benefits Summary:** As with any insurance plan, please make sure you have read the Summary of Benefits flyer before enrolling. The benefits on the flyer are subject to change. The most up-to-date benefit schedule can be found on www.universityhealthplans.com/GWDental at anytime during the policy year.
- **Coverage Period and Re-Enrollment:** This plan will be effective **9/1/25** and terminate at midnight on **8/31/26**. You WILL NOT be automatically re-enrolled for the next policy year. You WILL NOT receive a reminder from University Health Plans to re-enroll. If you are still a George Washington University student in Fall 2026, you may be eligible to voluntarily re-enroll yourself for coverage by completing a new enrollment form during the appropriate open enrollment period for that policy year.
- **Participating Providers:** You do not need to select a primary care dentist while enrolled in this Plan. Members who choose to see a provider in the **Delta Dental PPO** network will receive the greatest out-of-pocket savings. Members who choose to see a provider in the **Delta Dental Premier** network will pay a slightly higher co-insurance for certain services but will still be eligible for network discounts. Members who choose to see a provider that is not in either network will pay a slightly higher co-insurance for certain services and can be balance billed by the provider. Please be sure to review the Plan Summary for additional explanation and coverage information.
- **Out-of-Network Coverage:** The Delta Dental PPO Plan provides coverage for services received from dentists who don't participate in the Delta Dental PPO and Delta Dental Premier networks, however your out-of-pocket expenses may be greater. Delta Dental's payment for services received from non-participating dentists is based on either the dentist's fee or the maximum plan allowance for non-participating dentists, whichever is lower. If you utilize the services of a non-participating dentist whose fees are higher than the maximum plan allowance, you will be responsible for paying the difference between Delta Dental's payment and the dentist's total submitted charges, in addition to any applicable co-insurance and deductibles.
- **Refunds:** No refunds of any kind will be provided after your plan becomes effective.

Enrollment Confirmation Number: 1541044

Student Name: Ian L. Holmes

Home Address: 1275 25th Street NW, Apt 707, Washington, DC

Student ID: G43938190

PLAN INFORMATION

Student & two or more dependents: Annual 09/01/2025-08/31/2026 - (\$1,712.52 premium + \$171.48 admin fee)

FOR YOUR SECURITY: If you are using a shared or public computer, please be sure to close and exit from all browser windows to remove personal information from previous pages stored in the browser's history cache.