



# Delta Dental PPO<sup>SM</sup> Point of Service Summary of Dental Plan Benefits

For Group #8532-1000

University of New Mexico – Active Employees – High Option

**Benefit Period:** July 1 through June 30

**Deductible:** \$50 Deductible per person total per Benefit Period limited to a maximum Deductible of \$150 per family per Benefit Period

**Maximum Benefit Amount:** \$1,500 per person total per Benefit Period

**Orthodontic Lifetime Maximum:** \$1,000 per person total per lifetime

## Covered Services

	Delta Dental PPO <sup>SM</sup> Provider	Delta Dental Premier <sup>®</sup> Provider	Non-Participating Provider*
	You Pay	You Pay	You Pay*
<b>Diagnostic and Preventive Services</b>			
<b>Diagnostic and Preventive Services</b> – exams, cleanings, topical fluoride, and space maintainers	No Charge	No Charge	No Charge
<b>Emergency Palliative Treatment</b> – to temporarily relieve pain	No Charge	No Charge	No Charge
<b>Sealants</b> – to prevent decay of permanent teeth	No Charge	No Charge	No Charge
<b>Brush Biopsy</b> – to detect oral cancer	No Charge	No Charge	No Charge
<b>Radiographs</b> – images	No Charge	No Charge	No Charge
<b>Periodontal Maintenance</b> – cleanings following periodontal therapy	No Charge	No Charge	No Charge
<b>Basic Services</b>			
<b>Minor Restorative Services</b> – fillings	15%	15%	15%
<b>Endodontic Services</b> – root canals	15%	15%	15%
<b>Periodontic Services</b> – to treat gum disease	15%	15%	15%
<b>Oral Surgery Services</b> – extractions and dental surgery	15%	15%	15%
<b>Other Basic Services</b> – misc. services	15%	15%	15%
<b>Major Services</b>			
<b>Crown Repair</b> – to individual crowns	50%	50%	50%
<b>Major Restorative Services</b> – crowns	50%	50%	50%
<b>Relines and Repairs</b> – to bridges, dentures, and implants	50%	50%	50%
<b>Prosthetic Services</b> – bridges, dentures, and implants	50%	50%	50%
<b>TMD Treatment</b> – Medically Necessary treatment of Temporomandibular Joint Disorder, including diagnostic imaging	50%	50%	50%
<b>Orthodontic Services</b>			
<b>Orthodontic Services</b> – braces (lifetime max.)	50%	50%	50%
<b>Orthodontic Age Limit</b> –child and adult	No Age Limit	No Age Limit	No Age Limit

Delta Dental Customer Service: (505) 855-7111 or toll-free (877) 395-9420

Address: 2500 Louisiana Blvd. NE STE 600, Albuquerque, NM, 87110

Web Site, Including Provider Search: [www.deltadentalnm.com](http://www.deltadentalnm.com)

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*\*Selecting a Non-Participating Provider may result in higher out-of-pocket expenses, even when there is no change in Benefit level between in-network and out-of-network Benefits. Non-Participating Providers do not accept Delta Dental's Maximum Approved Fees as payment in full. You will be financially responsible for balance billed amounts, or amounts that exceed the Non-Participating Provider's reimbursement. See the section titled "Your Network."*

- Oral exams (including evaluations by a specialist) are payable twice per calendar year.
- Routine prophylaxes (cleanings), periodontal maintenance, and scaling in the presence of generalized moderate or severe gingival inflammation are payable twice per calendar year.
- Topical fluoride treatments are payable twice per calendar year for people up to age 19.
- Fixed bilateral space maintainers are payable once per arch per lifetime for people up to age 14.
- Fixed unilateral, removable unilateral, and removable bilateral space maintainers are payable once per quadrant per lifetime for people up to age 14.
- Bitewing images are payable twice per calendar year and a complete series of radiographic images (which include bitewing images) or panoramic radiographic image is payable once in any five-year period.
- Sealants are payable once per tooth per two-year period for permanent molars up to age 16.
- Composite resin (white) restorations are Covered Services on bicuspid and upper first molars.
- Implants and implant-related services are payable once per tooth in any five-year period.
- Medically Necessary TMD is a covered Benefit. Pre-Treatment Estimate required.

## Additional Plan Information

**Deductible:** Does not apply to Diagnostic and Preventive Services, radiographic images, sealants, full mouth debridement, periodontal maintenance, emergency palliative treatment, consultations, cephalometric radiographic images, photos, diagnostic casts, and orthodontics (including fiberotomy, surgical repositioning, and devices to facilitate tooth eruption).

**Maximum Benefit Amount:** The Maximum Benefit Amount applies to all services except cephalometric radiographic images, photos, diagnostic casts, and orthodontics (including fiberotomy, surgical repositioning, and devices to facilitate tooth eruption).

**Orthodontic Lifetime Maximum:** Applies to cephalometric radiographic images, photos, diagnostic casts, and orthodontics (including fiberotomy, surgical repositioning, and devices to facilitate tooth eruption).

**Pre-Treatment Estimates:** Delta Dental recommends that you ask your Provider for a Pre-Treatment Estimate when more-costly procedures are anticipated. This free report estimates your applicable dental Benefits and out-of-pocket expenses for proposed dental services. Please see the Dental Benefit Handbook for more information. Pre-Treatment Estimates are optional unless specified otherwise in this Summary of Dental Plan Benefits.

## Eligibility Provisions

An Eligible Employee is an Employee who satisfies the following: the eligibility definition(s) specified by the Group and accepted by Delta Dental; and the Eligibility Waiting Period specified by the Group and agreed to by Delta Dental. The Eligibility Waiting Period shall not exceed twelve (12) months.

**Eligible Employees may enroll** subject to the Eligibility Waiting Period(s) defined by the University of New Mexico and approved by Delta Dental, subject to any additional requirements which may apply.

**Benefits will cease on** the last day in which the employee is terminated, subject to any additional requirements which may apply.

## Special Benefit Provisions

None.

## Your Network: Delta Dental PPO Point of Service

This section describes the types of Providers you may visit under your Plan and how fees and payments will work for different Providers.

Delta Dental PPO Provider	
Participates with Delta Dental?	Yes
Out-of-Pocket Costs for This Plan:	Lowest
Delta Dental Pays Up To:	Delta Dental PPO Maximum Approved Fees
Provider May Balance Bill You?	No
Description:	You will be responsible for any Coinsurance and Deductible (if applicable) for Covered Services up to the Delta Dental PPO Maximum Approved Fees. You are also responsible for the full payment for any non-covered services.

Delta Dental Premier Provider	
Participates with Delta Dental?	Yes
Out-of-Pocket Costs for This Plan:	Higher than Delta Dental PPO
Delta Dental Pays Up To:	Delta Dental Premier Maximum Approved Fees
Provider May Balance Bill You?	No
Description:	You will be responsible for any Coinsurance and Deductible (if applicable) for Covered Services up to the Delta Dental Premier Maximum Approved Fees. You are also responsible for the full payment for any non-covered services. Coinsurance amounts may be higher when selecting a Delta Dental Premier Provider.

Non-Participating Provider	
Participates with Delta Dental?	No
Out-of-Pocket Costs for This Plan:	Highest
Delta Dental Pays Up To:	Delta Dental's Non-Participating Maximum Approved Fees
Provider May Balance Bill You?	Yes, up to the Provider's Submitted Amount
Description:	In addition to any Coinsurance, Deductible (if applicable), and fees for non-covered services, you will be responsible for any difference between Delta Dental's Non-Participating Maximum Approved Fees and the Provider's Submitted Amount.  Subscribers are responsible for full payment to a Non-Participating Provider. Any payment made by Delta Dental for services received from a Non-Participating Provider may be paid to the Provider or directly to the Subscriber.

## Understanding Your Benefits

This Summary of Dental Plan Benefits has been prepared only for Open Enrollment purposes.

This Summary of Dental Plan Benefits only highlights Benefit levels; it does not provide complete coverage information. Refer to your Dental Benefit Handbook for other important eligibility and Plan provisions. This Summary of Dental Plan Benefits is attached to and is a component of the Dental Benefit Handbook. To the extent that the rules in the Dental Benefit Handbook conflict with the ones stated in this Summary of Dental Plan Benefits, the rules in this Summary of Dental Plan Benefits control.

Call Delta Dental's Customer Service Department at (877) 395-9420, or log into the Consumer Toolkit via [www.deltadentalnm.com](http://www.deltadentalnm.com), for answers to questions about Benefits and claims.