



**Delta Dental PPO<sup>SM</sup>**  
**Summary of Dental Plan Benefits**  
**For Group # 8532**  
**University of New Mexico - Low Option**

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

**Deductible:** \$25 deductible per person total per Benefit Year limited to a maximum deductible of \$75 per family per Benefit Year

**Maximum Benefit Amount:** \$750 per person total per Benefit Year

Covered Services:	Delta Dental PPO <sup>SM</sup> Dentist	Delta Dental Premier <sup>®</sup> or Non-Participating Dentist*
	You Pay	You Pay*
<b>Diagnostic and Preventive Services</b>		
<b>Diagnostic and Preventive Services</b> - exams, cleanings, topical fluoride, and space maintainers	10%	10%
<b>Emergency Palliative Treatment</b> - to temporarily relieve pain	10%	10%
<b>Sealants</b> - to prevent decay of permanent teeth	10%	10%
<b>Brush Biopsy</b> - to detect oral cancer	10%	10%
<b>Radiographs</b> - images	10%	10%
<b>Periodontal Maintenance</b> - cleanings following periodontal therapy	10%	10%
<b>Basic Services</b>		
<b>Minor Restorative Services</b> - fillings	50%	50%
<b>Endodontic Services</b> - root canals	50%	50%
<b>Periodontic Services</b> - to treat gum disease	50%	50%
<b>Oral Surgery Services</b> - extractions and dental surgery	50%	50%
<b>Other Basic Services</b> - misc. services	50%	50%
<b>Major Services</b>		
<b>Crown Repair</b> - to individual crowns	50%	50%
<b>Major Restorative Services</b> - crowns	50%	50%
<b>Relines and Repairs</b> - to bridges, dentures, and implants	50%	50%
<b>Prosthodontic Services</b> - bridges, dentures, and implants	50%	50%
<b>TMD Treatment</b> - medically necessary treatment of the disorder of the temporomandibular joint, including diagnostic imaging	50%	50%

*\*Selecting a non-participating dentist 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 dentists do not accept Delta Dental's Maximum Approved Fees. You will be financially responsible for balance billed amounts, or amounts that exceed the out-of-network provider's reimbursement. See "Your Network" below.*

- Oral exams (including evaluations by a specialist) are payable twice per calendar year.

Delta Dental Customer Service Department: (505) 855-7111 or toll-free (877) 395-9420  
 2500 Louisiana Blvd. NE, Suite 600, Albuquerque, NM 87110  
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- Routine prophylaxes (cleanings) and periodontal maintenance are payable twice per calendar year.
- Topical fluoride treatments are payable twice per calendar year for people up to age 19.
- Space maintainers are payable once per area 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 the occlusal surface of permanent molars up to age 16. The surface must be free from decay and restorations.
- 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.

### **Maximum Benefit Amount**

Maximum Benefit Amount applies to all services.

### **Deductible**

The deductible does not apply to Diagnostic and Preventive Services, radiographic images, sealants, full mouth debridement, periodontal maintenance, emergency palliative, and consultations.

### **Eligibility Provisions**

An employee who works the minimum number of hours per week and/or satisfies the eligibility definition(s) and Eligibility Waiting Period as specified by the Group and agreed to by Delta Dental. Waiting period shall not exceed twelve (12) months.

Upon your enrollment, your dependents may also be eligible for enrollment. Eligible dependents are: Your legal spouse and your children as defined in the Dental Benefit Handbook. Eligible children include children through the end of the month of their twenty-sixth (26th) birthday regardless of employment, marital status, or student status and unmarried children over age twenty-six (26) who cannot support themselves because of a mental or physical impairment which can be verified by Delta Dental. In addition, your domestic partner, as defined by the Group and approved by Delta Dental, and his/her children (as defined in the Dental Benefit Handbook) may enroll subject to the same timely enrollment or other applicable requirements.

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

Subject to any other provisions which may also apply, benefits will cease on the last day of the month in which the employee is terminated.

### **Special Benefit Provisions**

There is a six (6) month waiting period for certain services. Crown Repair, Major Restorative Services, Relines and Repairs, TMD Treatment and Prosthodontic Services will not be covered until after a person is enrolled in the dental plan for six (6) consecutive months.

### **Your Network: Delta Dental PPO<sup>SM</sup>**

Delta Dental PPO is a national network which is structured to provide the most cost savings. Selecting a Delta Dental PPO dentist will ensure the lowest out-of-pocket costs. Delta Dental PPO dentists have agreed to accept payment according to the Delta Dental PPO maximum approved fees.

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### **Benefit Payment is Based on the Dentist Selected**

You have the lowest out-of-pocket costs when selecting a Delta Dental PPO Participating Dentist. Delta Dental does not require that you pre-select a dentist and does not guarantee that a particular dentist will be available. Each enrolled person in your family may choose a different dentist. As an enrolled person, your out-of-pocket expense will vary depending on whether your dentist participates in the Delta Dental PPO network.

### **Delta Dental PPO Participating Dentists**

You receive the highest level of benefits and lowest out-of-pocket costs when you visit a Delta Dental PPO Participating Dentist. Delta Dental PPO dentists have agreed to accept the Delta Dental PPO maximum approved fee from Delta Dental as payment in full and will not balance bill you above this amount.

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® Participating Dentist (Does Not Participate in Delta Dental PPO Network)**

Delta Dental Premier Participating Dentists are contracted with Delta Dental and may bill up to the Delta Dental Premier Maximum Approved Fees. By selecting a non-participating Delta Dental PPO dentist who participates in Delta Dental Premier, you will be responsible for any coinsurance and deductible (if applicable) for covered services.

You will also be responsible for the difference in fees between the Delta Dental PPO fee and the Delta Dental Premier Maximum Approved Fee. You are responsible for the full payment for any non-covered services.

### **Non-Participating Dentists**

You may also visit a dentist who does not participate in any of Delta Dental's networks. Selecting a non-participating dentist will result in higher out-of-pocket expenses. Non-participating dentists do not contract with Delta Dental and therefore do not accept Delta Dental's Maximum Approved Fees as payment in full.

In addition to any coinsurance, deductible, and fees for non-covered services, you will also be responsible for any difference between the dentist's submitted charge and the approved fees for non-participating dentists. Any payment made by Delta Dental for services received from a non-participating dentist may be paid to the dentist or directly to the enrollee. Enrollees are responsible for full payment to a non-participating dentist.

When making an appointment, confirm that the dentist participates in your specific Delta Dental network(s) referenced in this Summary of Dental Plan Benefits in order to minimize your out-of-pocket expenses.

If a subscriber or covered dependents receive emergency care for services specified in this dental plan and cannot reasonably reach an in-network dentist, the emergency care rendered during the course of the emergency will be reimbursed as though the subscriber or covered dependents had been treated by an in-network dentist.

### **Finding a Dentist**

For online access to New Mexico provider directories, or to search for a dentist nationally, visit the website at [www.deltadentalnm.com](http://www.deltadentalnm.com) and click on the "Find a Dentist" link. For dentists in New Mexico, select "In-State Search" and then choose "Delta Dental PPO." For dentists outside New Mexico, select "National Search" and then choose "Delta Dental PPO."

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## **Understand Your Benefits**

This Summary of Dental Plan Benefits is intended only to be used for open enrollment purposes. It does not reflect all limitations or plan provisions and does not provide complete coverage information. Refer to your Dental Benefit Handbook for other important eligibility and plan provisions. Contact Delta Dental's Customer Service Department to speak with a representative who can answer your coverage questions.

Ask your dentist for a pre-treatment estimate of benefits any time more costly procedures are anticipated. When requested by a dental provider, an advance estimate of benefits payable can be provided by Delta Dental before dental care services are received. Pre-treatment estimates are strongly recommended and may be required if specified on this Summary of Dental Plan Benefits. There is no charge for a pre-treatment estimate.

This Summary of Dental Plan Benefits is attached and is a component of the Dental Benefit Handbook.

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