### Delta Dental PPO℠
#### Summary of Dental Plan Benefits
#### For Group# 8532-1001
#### 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

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

*Selecting a non-participating dentist may result in higher out-of-pocket expenses. Non-participating dentists do not accept Delta Dental’s Maximum Approved Fees. See “Selecting a Dentist” below.

- Oral exams (including evaluations by a specialist) are payable twice per calendar year.
- 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 bicuspids and upper first molars.

Delta Dental Customer Service Department: (505) 855-7111 or toll-free (877) 395-9420
2500 Louisiana Boulevard N.E. Suite 600, Albuquerque, NM 87110
www.deltadentalnm.com

Form 135PPO 04/15

July 1, 2016
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, radiographic images, sealants, full mouth debridement, periodontal maintenance, emergency palliative, and consultations.

**Selecting a Dentist**

When making an appointment, confirm that the dentist participates in the Delta Dental PPO network, as referenced at the top of this Summary of Dental Plan Benefits, in order to minimize your out-of-pocket expenses.

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 select “Find a Dentist.”

**Delta Dental PPO Dentist**

Selecting a Delta Dental PPO Participating Dentist will ensure the lowest out-of-pocket expenses. Delta Dental PPO dentists have agreed to accept payment according to the Delta Dental PPO Fee Schedule. You will be responsible for any copayment and deductible (if applicable) for covered services. You are also responsible for the full payment for any non-covered services.

**Delta Dental Premier – (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 dentist who does not participate in Delta Dental PPO, but does participate in Delta Dental Premier, you will be responsible for any copayment and deductible (if applicable) for covered services. You will also be responsible for the difference in fees between the Delta Dental PPO Fees Schedule and the Delta Dental Premier Fee Schedule. You are responsible for the full payment for any non-covered services.

**Non-Participating Dentist**

Selecting a non-participating dentist may result in higher out-of-pocket expenses. Non-participating dentists do not contract with Delta Dental and therefore do not accept the Delta Dental’s Maximum Approved Fees as payment in full. In addition to any copayment, deductible, and fees for non-covered services, you will also be responsible for any difference between the dentist’s submitted charge and the Maximum Approved Fees for non-participating dentists.

**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.

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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.

**Understand Your Benefits**
This Summary of Dental Plan Benefits is intended only to highlight benefit levels. 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. This