



**Delta Dental PPOSM Point of Service
Summary of Dental Plan Benefits
For Group # 8532
University of New Mexico - High Option**

Benefit Period: July 1 through June 30

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

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

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

	Delta Dental PPO SM Dentist	Delta Dental Premier [®] Dentist	Non-Participating Dentist*
Covered Services:	You Pay	You Pay	You Pay*
Diagnostic and Preventive Services			
Diagnostic and Preventive Services - exams, cleanings, topical fluoride, and space maintainers	No Charge	No Charge	No Charge
Emergency Palliative Treatment - to temporarily relieve pain	No Charge	No Charge	No Charge
Sealants - to prevent decay of permanent teeth	No Charge	No Charge	No Charge
Brush Biopsy - to detect oral cancer	No Charge	No Charge	No Charge
Radiographs - images	No Charge	No Charge	No Charge
Periodontal Maintenance - cleanings following periodontal therapy	No Charge	No Charge	No Charge
Basic Services			
Minor Restorative Services - fillings	15%	15%	15%
Endodontic Services - root canals	15%	15%	15%
Periodontic Services - to treat gum disease	15%	15%	15%
Oral Surgery Services - extractions and dental surgery	15%	15%	15%
Other Basic Services - misc. services	15%	15%	15%
Major Services			
Crown Repair - to individual crowns	50%	50%	50%
Major Restorative Services - crowns	50%	50%	50%
Relines and Repairs - to bridges, dentures, and implants	50%	50%	50%
Prosthodontic Services - bridges, dentures, and implants	50%	50%	50%
TMD Treatment - medically necessary treatment of the disorder of the temporomandibular joint, including diagnostic imaging	50%	50%	50%

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Orthodontic Services			
Orthodontic Services – braces	50%	50%	50%
Orthodontic Age Limit	No Age Limit	No Age Limit	No Age Limit

**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.
- 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 except cephalometric radiographic image, photos, diagnostic casts, and orthodontics (including fiberotomy, surgical repositioning, and devices to facilitate tooth eruption).

Orthodontic Lifetime Maximum

Orthodontic Lifetime Maximum applies to cephalometric radiographic image, photos, diagnostic casts, and orthodontics (including fiberotomy, surgical repositioning, and devices to facilitate tooth eruption).

Deductible

The deductible does not apply to Diagnostic and Preventive Services, radiographic images, sealants, full mouth debridement, periodontal maintenance, emergency palliative, consultations, cephalometric radiographic image, photos, diagnostic casts, and orthodontics (including fiberotomy, surgical repositioning, and devices to facilitate tooth eruption).

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

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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

None.

Your Network: Delta Dental PPOSM Point of Service

Delta Dental PPO Point of Service is designed to offer the greatest level of savings while still providing access to the largest nationwide network, Delta Dental Premier®.

The Delta Dental PPOSM provider network is a subset of the Delta Dental Premier provider network. Delta Dental PPO providers have agreed to the deepest discounts. Members should select a Delta Dental PPO dentist to 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.

Coinsurance can vary based on network selection. Refer to the “Covered Services” table in this Summary of Dental Plan Benefits for the coinsurance applicable to each network.

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.

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 Dentists

By selecting a Delta Dental Premier Participating Dentist, 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 dentist.

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

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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 and click on the "Find a Dentist" link. Select "In-State Search" for dentists in New Mexico or "National Search" for dentists outside of New Mexico. In either case, choosing a dentist from the Delta Dental PPO network will ensure the lowest out-of-pocket costs.

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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