**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

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Delta Dental PPO&lt;sup&gt;SM&lt;/sup&gt; Provider</th>
<th>Delta Dental Premier* Provider</th>
<th>Non-Participating Provider*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Diagnostic and Preventive Services</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diagnostic and Preventive Services - exams, cleanings, topical fluoride, and space maintainers</td>
<td>No Charge</td>
<td>No Charge</td>
<td>No Charge</td>
</tr>
<tr>
<td><strong>Emergency Palliative Treatment</strong> - to temporarily relieve pain</td>
<td>No Charge</td>
<td>No Charge</td>
<td>No Charge</td>
</tr>
<tr>
<td><strong>Sealants</strong> - to prevent decay of permanent teeth</td>
<td>No Charge</td>
<td>No Charge</td>
<td>No Charge</td>
</tr>
<tr>
<td><strong>Brush Biopsy</strong> - to detect oral cancer</td>
<td>No Charge</td>
<td>No Charge</td>
<td>No Charge</td>
</tr>
<tr>
<td><strong>Radiographs</strong> - images</td>
<td>No Charge</td>
<td>No Charge</td>
<td>No Charge</td>
</tr>
<tr>
<td><strong>Periodontal Maintenance</strong> - cleanings following periodontal therapy</td>
<td>No Charge</td>
<td>No Charge</td>
<td>No Charge</td>
</tr>
<tr>
<td><strong>Basic Services</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Minor Restorative Services</strong> - fillings</td>
<td>20%</td>
<td>20%</td>
<td>20%</td>
</tr>
<tr>
<td><strong>Endodontic Services</strong> - root canals</td>
<td>20%</td>
<td>20%</td>
<td>20%</td>
</tr>
<tr>
<td><strong>Periodontic Services</strong> - to treat gum disease</td>
<td>20%</td>
<td>20%</td>
<td>20%</td>
</tr>
<tr>
<td><strong>Oral Surgery Services</strong> - extractions and dental surgery</td>
<td>20%</td>
<td>20%</td>
<td>20%</td>
</tr>
<tr>
<td><strong>Other Basic Services</strong> - misc. services</td>
<td>20%</td>
<td>20%</td>
<td>20%</td>
</tr>
<tr>
<td><strong>Major Services</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Crown Repair</strong> - to individual crowns</td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td><strong>Major Restorative Services</strong> - crowns</td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td><strong>Relines and Repairs</strong> - to bridges, dentures, and implants</td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td><strong>Prosthodontic Services</strong> - bridges, dentures, and implants</td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td><strong>TMD Treatment</strong> - Medically Necessary treatment of Temporomandibular Joint Disorder, including diagnostic imaging</td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td><strong>Orthodontic Services</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Orthodontic Services</strong> - braces (lifetime max.)</td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td><strong>Orthodontic Age Limit - child and adult</strong></td>
<td>No Age Limit</td>
<td>No Age Limit</td>
<td>No Age Limit</td>
</tr>
</tbody>
</table>

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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)
Connect with DDNM on Our Blog, Facebook, Twitter, Instagram, and Pinterest

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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 bicuspids 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.