


**Summary Comparison of UNM Dental Plan Options – Benefit Period July 1, 2016 through June 30, 2017**  
**Benefits administered by Delta Dental of New Mexico**

	High Option		Low Option	
	Featuring Delta Dental Premier®		Featuring Delta Dental PPO <sup>SM</sup>	
	The Plan Pays	You Pay	The Plan Pays	You Pay
<b>Diagnostic and Preventive Services</b>				
• Oral Examinations - twice in a calendar year	100%	0%	90%	10%
• Routine or Periodontal Cleanings - twice in a calendar year	100%	0%	90%	10%
• Radiographic images - full mouth series once every 5 years; Bitewing images - twice in a calendar year	100%	0%	90%	10%
• Topical Fluoride – up to age 19, twice in a calendar year	100%	0%	90%	10%
• Emergency Palliative Treatment - for relief of pain	100%	0%	90%	10%
• Sealants – up to age 16, permanent molars only, 2 year limitation	100%	0%	90%	10%
• Space Maintainers – up to age 14	100%	0%	90%	10%
<b>Restorative and Basic Services</b>				
• Amalgam fillings	85%	15%	50%	50%
• Composite resin fillings - anterior teeth only	85%	15%	50%	50%
• Stainless steel crowns	85%	15%	50%	50%
• Extractions - non-surgical	85%	15%	50%	50%
• Oral Surgery - maxillofacial surgical procedures of the oral cavity, including surgical extractions	85%	15%	50%	50%
• Endodontics - pulp therapy and root canal filling	85%	15%	50%	50%
• Periodontics - Non-surgical and surgical	85%	15%	50%	50%
• General Anesthesia - intravenous sedation and general anesthesia, when dentally necessary and administered by a licensed provider for a covered oral surgery procedure	85%	15%	50%	50%
<b>Major Services</b>				
• Crowns and Cast Restorations - when teeth cannot be restored with amalgam or composite resin restorations	50%	50%	50%	50%
• Prosthodontics - Procedures for construction or repair of fixed bridges, partials or complete dentures	50%	50%	50%	50%
• Implants - specified services, including repairs, and related prosthodontics, subject to clinical review/approval	50%	50%	50%	50%
• TMD Treatment – medically necessary treatment of the disorder of the temporomandibular joint, including diagnostic imaging	50%	50%	50%	50%
<b>Orthodontic Services</b>				
• Procedures performed by a dentist using appliances to treat poor alignment of teeth and their surrounding structure	50%	50%	0%	100%
<b>Deductibles, Plan Maximums and Special Benefit Provisions</b>				
• Deductible – Per benefit year Does not apply to Diagnostic, Preventive or Orthodontic Services.	\$50/person to maximum of \$150/family.		\$25/person to maximum of \$75/family.	
• Maximum Benefit – Per benefit year	\$1,500 per enrolled person		\$750 per enrolled person	
• Orthodontic Services Maximum – Per Lifetime	\$1,000 per enrolled person		Orthodontic Services not covered under this plan.	
• Benefit Waiting Period	Not applicable		A six (6) month Benefit Waiting Period on Major Services applies. If employee was previously covered under a UNM dental plan, credit toward waiting period will be given for time on prior plan.	

THIS SUMMARY HAS BEEN PREPARED TO PROVIDE AN OVERVIEW OF BENEFIT DIFFERENCES BETWEEN THE TWO OPTIONS. LIMITATIONS AND PLAN PROVISIONS, WHICH ARE NOT INCLUDED HERE, ARE THE SAME FOR BOTH OPTIONS. Upon inception of coverage, if applicable, a Summary of Dental Benefits will be provided to enrollees with a Dental Benefit Handbook.