



**PPONew Mexico
Summary of Dental Plan Benefits
For Group# 8542
Albuquerque Public Schools – Basic Plan**

Benefit Period: January 1 through December 31

Covered Services:

	PPONew Mexico Dentist	Delta Dental PPO Dentist	Premier Dentist	Non-participating Dentist
	Plan Pays	Plan Pays	Plan Pays*	Plan Pays*
Diagnostic & Preventive				
Diagnostic and Preventive Services – exams, routine cleanings, fluoride, and space maintainers	100%	100%	25%	25%
Emergency Palliative Treatment – to temporarily relieve pain	100%	100%	25%	25%
Sealants – to prevent decay of permanent teeth	100%	100%	25%	25%
Brush Biopsy – to detect oral cancer	100%	100%	25%	25%
Radiographs – X-rays	100%	100%	25%	25%
Basic Services				
Minor Restorative Services – fillings and crown repair	80%	80%	25%	25%
Endodontic Services – root canals	80%	80%	25%	25%
Periodontal Maintenance – cleanings following periodontal therapy	80%	80%	25%	25%
Non-Surgical Periodontic Services – to treat gum disease	80%	80%	25%	25%
Simple Extractions – non-surgical removal of teeth	80%	80%	25%	25%
Other Basic Services – misc. services	80%	80%	25%	25%
Relines and Repairs – to bridges, implants and dentures	80%	80%	25%	25%

* When services are received from out-of-network providers (Delta Dental Premier or Nonparticipating Dentists), the percentages in this column indicate the portion of the in-network fee that will be paid for those services. This amount may be less than what the dentist charges or Delta Dental approves and you are responsible for that difference. PPONew Mexico is the in-network option in New Mexico. Delta Dental PPO is the in-network option in all other states.

- Oral exams (including evaluations by a specialist) are payable twice per calendar year.
- Two routine prophylaxes (cleanings) and two periodontal maintenance procedures are payable per calendar year.
- 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 X-rays are payable twice per calendar year to age 14, once every calendar year thereafter and full-mouth X-rays (which include bitewing X-rays) are payable once in any five-year period.
- Sealants are payable once per tooth per three-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 only on bicuspid and upper first molars.
- People with specified medical conditions may be eligible for additional prophylaxes (cleanings) or fluoride treatment. The patient should talk with his or her dentist about treatment.

Maximum Benefit Amount:

PPONew Mexico Dentist (Delta Dental PPO Dentist if outside of New Mexico) - \$1,250 per person total per benefit year on all covered services.

Delta Dental Premier Dentist or Non-participating Dentist – \$1,250 per person total per benefit year on all covered services.

These are not separate maximums by type of dentist.

Deductible: \$50 deductible per person total per benefit year limited to a maximum deductible of \$150 per family per benefit year. The deductible does not apply to diagnostic, preventive, X-rays, sealants, full mouth debridement, emergency palliative treatment 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 Plan Sponsor and agreed to by Delta Dental. Subject to any additional requirements which may apply, dependents and other individuals are also eligible to enroll subject to the eligibility requirements defined by the Plan Sponsor and approved by Delta Dental.

UNDERSTAND YOUR BENEFITS: This Summary of 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 Albuquerque Public School Dental Benefit Handbook for other important plan provisions and/or call 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 anytime 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 there is no charge for this service.

This Summary of Benefits is attached to the Dental Benefit Handbook and made part of it. This Summary of Benefits supersedes any contract provision of the Dental Benefit Handbook and the Group Administrative Services Contract.