Delta Dental PPO™ Point of Service Summary of Dental Plan Benefits

For Group #8542-0001,1999
Albuquerque Public Schools – Basic Plan

Benefit Period: January 1 through December 31

Deductible: $100 Deductible per person total per Benefit Period limited to a maximum Deductible of $300 per family per Benefit Period

Maximum Benefit Amount: $1,000 per person total per Benefit Period

Covered Services	Delta Dental PPO™ Provider	Delta Dental Premier® Provider[1]	Non-Participating Provider[2]
	You Pay	You Pay[1]	You Pay[2]
Diagnostic and Preventive Services			
Diagnostic and Preventive Services – exams, cleanings, topical fluoride, and space maintainers	No Charge	No Charge	75%
Emergency Palliative Treatment – to temporarily relieve pain	No Charge	No Charge	75%
Sealants – to prevent decay of permanent teeth	No Charge	No Charge	75%
Brush Biopsy – to detect oral cancer	No Charge	No Charge	75%
Radiographs – images	No Charge	No Charge	75%
Basic Services			
Minor Restorative Services – fillings and crown repair	30%	30%	75%
Endodontic Services – root canals	30%	30%	75%
Non-Surgical Periodontic Services – non-surgical services to treat gum disease	30%	30%	75%
Simple Extractions – non-surgical removal of teeth	30%	30%	75%
Other Basic Services – misc. services	30%	30%	75%
Relines and Repairs – to bridges, implants, and dentures	30%	30%	75%

1) Schedule of higher fees applies. Delta Dental Premier Providers are subject to a schedule of higher Maximum Approved Fees than Delta Dental PPO Providers. You may have higher out-of-pocket costs when you visit a Delta Dental Premier Provider than if you visited a Delta Dental PPO Provider. This may be true even if the Coinsurance percentages are the same for these two types of Providers. You may have the lowest out-of-pocket costs when you select a Delta Dental PPO Provider. See the Summary of Dental Plan Benefits for more information on networks and cost sharing.

2) Balance billing applies. Non-Participating Providers may bill you above the Non-Participating Maximum Approved Fees they receive from Delta Dental. You will have the highest out-of-pocket costs when you visit a Non-Participating Provider. This will be true even if the Coinsurance percentages in this column match the percentages for other types of Providers. In addition, Non-Participating Providers have not agreed to Delta Dental's in-network protections for Enrollees. See the Summary of Dental Plan Benefits for more information on networks and cost sharing.

- 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.
- People with specific at-risk health conditions may be eligible for additional prophylaxes (cleanings) or topical fluoride treatment. The patient should talk with his or her Provider about treatment.
- Topical fluoride treatments are payable twice per calendar year for people up to age 19. Topical fluoride treatments are payable once per calendar year for people age 19 and older, but only when medically necessary.
- 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 three-year period for permanent molars, excluding coverage where an occlusal restoration has been completed on the tooth, up to age 16. Sealants are payable once per tooth per five-year period for permanent molars, excluding coverage where an occlusal restoration has been completed on the tooth, for people ages 16 and older, but only when medically necessary.
- Composite resin (white) restorations are Covered Services on all teeth.
- Non-surgical extractions are Covered Services.
- Denture repair, relining and rebase are Covered Services.
- Repair and recement of bridges and substructures are Covered Services.
- Repair and/or recement of an implant supported prosthetic is a Covered Service.

Additional Plan Information

Deductible: Does not apply to Diagnostic and Preventive Services, radiographic images, sealants, full mouth debridement, emergency palliative treatment, and consultations.

Maximum Benefit Amount: This dental Plan includes Preventive Care Security (PCS); Diagnostic and Preventive Services will not reduce your Maximum Benefit Amount. The Maximum Benefit Amount applies to all services except Diagnostic and Preventive, radiographic images, brush biopsy, sealants, full mouth debridement, emergency palliative treatment, and consultations.

Pre-Treatment Estimates: Delta Dental recommends that you ask your Provider for a Pre-Treatment Estimate when more costly procedures are anticipated. A Pre-Treatment Estimate is not a guarantee of coverage. 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.

Benefits will cease on the last day of the month in which the Employee is terminated, subject to any additional requirements which may apply.

Special Benefit Provisions

Members with special health care needs may be eligible for additional services including exams, hygiene visits, dental case management, and sedation/anesthesia. Special health care needs include any physical, developmental, mental, sensory, behavioral, cognitive, or emotional impairment or limiting condition that requires medical management, healthcare intervention, and/or use of specialized services or programs. The condition may be congenital, developmental, or acquired through disease, trauma, or environmental cause and may impose limitations in performing daily self-maintenance activities or substantial limitations in major life activity. These additional services may be available through the Evidence-Based Dentistry (EBD) program or the Preventive Care Security (PCS) program. Under the PCS program diagnostic and preventive care services will not be deducted from the plan maximum, so qualified members may receive medically necessary and appropriate routine cleaning/exam benefits, even if the plan maximum has been exhausted to permit the annual plan maximum to be reserved for other dental needs. Preventive and diagnostic services are covered at 100% for in-network providers, if medically necessary and appropriate diagnostic and preventive services under the PCS program.

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

READ YOUR PLAN CAREFULLY - THIS BENEFITS SUMMARY PROVIDES A VERY BRIEF DESCRIPTION OF THE IMPORTANT FEATURES OF YOUR PLAN. THIS IS NOT THE INSURANCE CONTRACT. YOUR FULL RIGHTS AND BENEFITS ARE EXPRESSED IN THE ACTUAL PLAN DOCUMENTS THAT ARE AVAILABLE TO YOU UPON YOUR REQUEST TO US. 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 Member Portal via **www.memberportal.com**, for answers to questions about Benefits and claims.

Contact the New Mexico Office of Superintendent of Insurance (OSI) at any time for assistance with a claim appeal:

Office of Superintendent of Insurance
Phone: 1-855-4-ASK-OSI
www.osi.state.nm.us