Group Dental Insurance Contract

DELTA DENTAL PPO™ (POINT-OF-SERVICE)

ARTICLE 1. DECLARATIONS

This Contract is effective the 1st day of January, 2027, by and between Gila Regional Medical Center, hereinafter referred to as the Group, and Delta Dental Plan of New Mexico, Inc., a New Mexico not-for-profit health care plan providing dental and other ancillary services, hereinafter referred to as Delta Dental. The Benefits afforded are only with respect to such Benefits as are indicated in this Contract. Delta Dental's liability is limited to the Benefits stated herein, subject to all the terms of this Contract having reference thereto. This "Declarations" article supersedes any contrary provision of the subsequent articles of this Contract.

1.1 Effective Date of Contract Term
12:01 A.M. Standard Time, January 1, 2027

1.2 Renewal Date
January 1, 2028, and January 1 of each subsequent year

1.3 Group Number
2531-0002, 9992

1.4 Rate(s)

Group will remit to Delta Dental the Rates shown below or as amended:

Subscriber Only - $33.31 per month per Subscriber
Subscriber, and Spouse or Domestic Partner - $66.86 per month per Subscriber
Subscriber and 1 Child - $66.86 per month per Subscriber
Subscriber and 2+ Children - $120.42 per month per Subscriber
Subscriber, Spouse or Domestic Partner, and Children - $120.42 per month per Subscriber

Rates may be subject to change upon renewal or as otherwise amended by the parties in writing.

Authorized Group Representative	**Authorized Delta Dental Representative**
	November 3, 2026
Date	**Date**