

Plan Details

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:	\$1,200 per person total per lifetime
Benefit Waiting Period:	None.
Additional Plan Selections:	This dental Plan includes Preventive Care Security (PCS); Diagnostic and Preventive Services will not reduce your Maximum Benefit Amount.

Covered Services

	Delta Dental PPO SM Provider	Delta Dental Premier [®] Provider	Non-Participating Provider*
	You Pay	You Pay	You Pay*
Diagnostic and Preventive Services			
Diagnostic and Preventive Services - exams, cleanings, topical fluoride, and space maintainers	No Charge	20%	20%
Emergency Palliative Treatment - to temporarily relieve pain	No Charge	20%	20%
Sealants - to prevent decay of permanent teeth	No Charge	20%	20%
Brush Biopsy - to detect oral cancer	No Charge	20%	20%
Radiographs - images	No Charge	20%	20%
Periodontal Maintenance - cleanings following periodontal therapy	No Charge	20%	20%
Basic Services			
Minor Restorative Services - fillings	15%	15%	15%
Endodontic Services - root canals	15%	15%	15%
Periodontic Services - to treat gum disease	15%	15%	15%
Oral Surgery Services - extractions and dental surgery	15%	15%	15%
Other Basic Services - misc. services	15%	15%	15%
Major Services			
Crown Repair - to individual crowns	50%	50%	50%
Major Restorative Services - crowns	50%	50%	50%
Relines and Repairs - to bridges, dentures, and implants	50%	50%	50%
Prosthodontic Services - bridges, dentures, and implants	50%	50%	50%
TMD Treatment - Medically Necessary treatment of Temporomandibular Joint Disorder, including diagnostic imaging	50%	50%	50%
Orthodontic Services			
Orthodontic Services - braces	50%	50%	50%
Orthodontic Age Limit - child and adult	No Age Limit	No Age Limit	No Age Limit

*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.

Finding a Provider

Delta Dental contracts with Participating Providers throughout New Mexico and across the country. Search for a Provider by visiting www.deltadentalnm.com. Please see your Summary of Dental Plan Benefits for information about your Plan's network, including the types of Providers you may visit under your Plan and how fees and payments will work for different Providers.

Added Value from Delta Dental

Delta Dental of New Mexico supports its customers with these features:

- **Local customer service:** If you have questions, call our Customer Service team during business hours at (877) 395-9420 to speak to a representative in New Mexico. You can also call the same number 24/7 to access the automated phone system for information about your Plan, including Benefit details and eligibility updates.
- **Fast, accurate claims processing:** Claims are processed quickly and accurately thanks to our claims processing system and skilled staff members.
- **24/7 online access to Benefit Manager Toolkit for Group Plan Administrators:** Manage eligibility and more in real-time with this online service.
- **24/7 online access to Member Portal for Subscribers and Dependents:** Find a Provider, check Benefits, select paperless notices, review claims and amounts used toward maximums, print ID cards, and more—all at your own convenience.
- **And more!**

Note: This document is intended only to provide a brief description of your Benefits. Please refer to the Dental Benefit Handbook and Summary of Dental Plan Benefits for a complete description of Benefits, limitations, and exclusions applicable to your Plan.