



Delta Dental PPOSM Point of Service Summary of Dental Plan Benefits

For Group #2517
City of Albuquerque

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

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

Delta Dental Customer Service: (505) 855-7111 or toll-free (877) 395-9420

Address: 100 Sun Avenue NE STE 400, Albuquerque, NM, 87109

Web Site, Including Provider Search: www.deltadentalnm.com

Connect with DDNM on Our Blog, Facebook, Twitter, Instagram, and Pinterest

**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. See the section titled "Your Network."*

- 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.
- 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 two-year period for permanent molars up to age 16.
- Composite resin (white) restorations are Covered Services on all teeth.
- Implants and implant-related services are payable once per tooth in any five-year period.
- Medically Necessary TMD is a covered Benefit. Pre-Treatment Estimate required.
- Prescription medicaments are Covered Services for dentally related conditions.

Additional Plan Information

Deductible: Does not apply to Diagnostic and Preventive Services, radiographic images, sealants, full mouth debridement, periodontal maintenance, emergency palliative treatment, consultations, cephalometric radiographic images, photos, diagnostic casts, and orthodontics (including fiberotomy, surgical repositioning, and devices to facilitate tooth eruption).

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, sealants, full mouth debridement, periodontal maintenance, emergency palliative treatment, consultations, cephalometric radiographic images, photos, diagnostic casts, and orthodontics (including fiberotomy, surgical repositioning, and devices to facilitate tooth eruption).

Orthodontic Lifetime Maximum: Applies to cephalometric radiographic images, photos, diagnostic casts, and orthodontics (including fiberotomy, surgical repositioning, and devices to facilitate tooth eruption).

Pre-Treatment Estimates: Delta Dental recommends that you ask your Provider for a Pre-Treatment Estimate when more-costly procedures are anticipated. 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.

Eligible Employees may enroll on the first day of the month following the first day of the payroll period following submittal of completed enrollment card when submission is within 31 days of their date of hire, subject to any additional requirements which may apply.

Benefits will cease on the actual date in which the employee is terminated, subject to any additional requirements which may apply.

Special Benefit Provisions

None.

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

This Summary of Dental Plan Benefits only highlights Benefit levels; it does not provide complete coverage information. 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 Consumer Toolkit via www.deltadentalnm.com, for answers to questions about Benefits and claims.

Delta Dental—Evidence Based Dentistry

Delta Dental plans include enhanced dental coverage for enrollees with certain high-risk medical conditions. These enhancements have been included based on scientific evidence that treating and preventing oral disease in these situations can improve overall health.

Individuals eligible for this coverage include:

- ✓ People with diabetes **AND** periodontal (gum) disease
- ✓ Pregnant women who have periodontal (gum) disease
- ✓ People with certain heart conditions that put them at high or moderate risk for infective endocarditis, a potentially deadly heart infection.
- ✓ People with kidney failure or who are undergoing dialysis
- ✓ People with suppressed immune systems due to chemotherapy and / or radiation treatment, HIV positive status, organ transplant, and/or stem cell (bone marrow) transplant.

The improved benefits include coverage of up to four teeth cleanings (either routine cleanings or periodontal maintenance cleanings) per calendar year, as opposed to the typical two. The routine cleanings are covered at the same copayment level as other preventive services. For people undergoing head and neck radiation, fluoride applications by your dentist are also covered twice per calendar year. (This service is typically covered to age 19.) Refer to your Group Summary of Benefits for the coverage levels applicable to these coverages.

The costs of the additional cleanings and fluoride treatments are not applied to your annual maximum.



What
should I do
if I have one of
the conditions listed?

Talk with your dentist and physician about if and when treatment is right for you.

The timing of treatment is important when serious medical conditions exist.

We do dental. *Better.*



What is Preventive Care Security (PCS)?

Your dental plan includes the Preventive Care Security option. PCS is an oral health benefit enhancement from Delta Dental of New Mexico. With PCS, the benefits paid for Diagnostic and Preventive (D&P) Services never reduce the Maximum Benefit Amount. This feature encourages preventive care, which results in improved oral health, while making sure full plan benefits are always available when other types of services are needed.

Quick Bites

Did you know that every dollar you spend on preventive care, such as brushing and cleaning, may help save you money later in restorative care and emergency procedures?

It's true—keeping your teeth and gums healthy by seeing your dentist regularly can help you avoid more serious oral health problems and more extensive—and expensive—treatment. For every dollar spent on prevention an estimated four dollars is saved in future treatment. With better preventive dental care, early detection, and treatment, savings in the U.S. alone could be \$4 billion annually.



Preventive Care Security:

- ✓ Allows you to take advantage of D&P services even in benefit years when other types of services are anticipated
 - ✓ Does not penalize you for using D&P benefits by leaving you with less of a Maximum Benefit Amount
 - ✓ Makes it easier to visit the dentist at least once a year, which can help you identify problems early and reduce the extent of restorative care needed
- ✓ Eliminates the confusion that sometimes occurs when benefits paid at 100% are applied to your Maximum Benefit Amount
 - ✓ Promotes wellness and encourages better oral health behaviors

Questions on PCS?

Call us today at (505) 855-7111 or toll-free (877) 395-9420