



City of Albuquerque

Effective: 7/1/2026



Visit bcbsnm.com to search for an In-Network dentist or use our QR code to get started

The following is a listing of common services available through your BlueCare Dental PPO network. The member's share of the cost is determined by whether care is received from a contracted or non-contracted provider. Your plan allows you to see any licensed dentist, but using an in-network provider may minimize your out-of-pocket expenses.

This information only provides highlights of this program. Please refer to the BlueCare Dental Certificate for additional detailed benefit information.

Summary of Dental Benefits

PROGRAM BASICS	In-Network Dentist	Out-of-Network Dentist MAC**
Benefit Period Maximum: Plan Year	\$1,500	\$1,500
Deductible: Plan Year	\$50 Individual \$150 Family	\$50 Individual \$150 Family
Three Month Deductible Carryover Applies	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Prior Carrier Deductible Credit Applies	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
COVERED SERVICES		
Class 1: Preventive Services <i>(Deductible does not apply)</i> Periodic Oral Evaluations Problem Focused Oral Evaluations Comprehensive Oral Evaluations Prophylaxis/routine cleanings X-rays: Full-Mouth, Panoramic, Bitewing, Periapical Sealants Topical Fluoride Space maintainers Periodontal Maintenance Full Mouth Debridement Palliative Treatment (emergency care to relieve pain)	100%	80%
Class 2: Basic Restorative Services Amalgam & Composite Fillings Non-surgical Extractions Scaling & Root Planning Oral Surgery & Surgical Extractions Endodontics (root canal) Major Periodontics	85%	85%
Class 3: Major Restorative Services Bridges & Dentures Implants Crowns, Inlays, Onlays Denture Reline/Rebase Repairs – Crown & Bridge Deep Sedation/General Anesthesia Diagnostic imaging and appliances for the diagnosis and/or treatment of TMJ (Temporomandibular joint dysfunction)	50%	50%
Class 4: Orthodontics Orthodontic Diagnostic Procedures & Treatment Coverage for Adults Dependent Children (to age 26)	50%	50%
Lifetime Maximum Ortho Benefit per Participant	\$1,200	\$1,200

Benefit Limitations & Frequencies:

Oral Evaluations	3 per year
Comprehensive Evaluations	1 per 36 months
X-rays: Bitewings	2 per year
X-rays Full mouth panoramic	1 per 60 months
Prophy/Cleanings	2 per year
Fluoride Application	2 per year for children up to age 19
Sealants (per tooth)	1 per 24 months up to age 16
Space Maintainers	1 per lifetime up to age 14
Amalgam & Composite Fillings	1 per tooth per 24 months
Crowns/Dentures/Bridges/Implants	Replacement every 5 years
Denture Reline/Rebase	1 per 36 months
Periodontal Maintenance	2 per year

Additional Features:

Class 1 Preventive Services	<input checked="" type="checkbox"/> Will Not apply to your Annual Maximum Benefit	<input type="checkbox"/> Will apply to your Annual Maximum Benefit
Missing Tooth Exclusion	<input checked="" type="checkbox"/> No Exclusion	<input type="checkbox"/> Yes Applies
Benefit Waiting Period	<input checked="" type="checkbox"/> No Waiting Period	<input type="checkbox"/> Yes Applies
Enhanced Dental Benefit	<input type="checkbox"/> Not Included	<input checked="" type="checkbox"/> Yes, included

Predetermination of benefits is highly recommended, but not required, for services in excess of \$300.

This summary is intended to highlight the most common services and frequencies under the dental plan. For complete and detailed descriptions of services, limitations, and exclusions, please refer to the certificate of coverage.

You can lower your out-of-pocket costs when you choose to visit a BlueCare DentalSM PPO provider

PPO Savings Example:	PPO Dentist Resin Filling D2391	Non-PPO Dentist Resin Filling D2391
Billed Charge	\$198.00	\$198.00
Allowable Amount	\$97.00	\$97.00
Dental Plan pays 85%	\$82.45	\$82.45
Member's Responsibility	\$14.55	\$115.55

- **Save money each time you use a PPO dentist.** Most PPO dentists offer discounts of 30% to 50% for BlueCare Dental PPO members in New Mexico.
- **No balance billing when using a PPO dentist.** You are not billed for costs exceeding the allowable amount (except coinsurances and deductibles).

****Please note that your benefit plan reimburses services rendered by non-contracted dentists according to the Maximum Allowable Charge. This is the maximum reimbursement that BlueCare Dental allows for Out-of-Network providers, which will ultimately subject you to balance billing for all charges that exceed this threshold.**