



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

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. See the section titled "Your Network."*

- Oral exams (including evaluations by a specialist) are payable twice per calendar year.

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

Address: 2500 Louisiana Blvd. NE STE 600, Albuquerque, NM, 87110

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

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- 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.



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

Tools and Resources for Dental Plan Enrollees

As a Delta Dental of New Mexico enrollee, you can take advantage of multiple resources to get the most out of your dental plan. Simply visit www.deltadentalnm.com and click on the “Members” tab to access online resources, including a provider search, Consumer Toolkit, and more. In addition, you can contact our local Customer Service department during business hours, or use the automated phone system at any time (24/7), for assistance with your plan.

Provider Search

On www.deltadentalnm.com, click the “Find a Dentist” link to search for a Delta Dental participating provider by location or specialty. For most Delta Dental networks, you can create a list of providers to export or print. Learn which provider network will give you the lowest out-of-pocket costs by referring to the section titled “Your Network” in your Summary of Dental Plan Benefits. Find your Delta Dental provider today!

Consumer Toolkit

Consumer Toolkit is an online portal that gives you access to information about your specific plan and benefits. Select the Consumer Toolkit link on www.deltadentalnm.com (or go straight to www.toolkitsonline.com) and sign in to:

- Verify eligibility of subscriber and dependents
- Confirm status of deductibles and plan maximums
- Review how a specific claim was processed
- Print a personalized subscriber ID card

Dental Plan Documents

The Dental Benefit Handbook and Summary of Dental Plan Benefits, which contain important information about your dental plan, are available from the Human Resources/Benefits Manager at your organization and/or Delta Dental of New Mexico Customer Service. You can reach Customer Service at (877) 395-9420 from Monday through Friday, 8:00am–4:30pm MT. You can also request documents by sending an email to customerservice@deltadentalnm.com.



The Delta Dental of New Mexico “Members” section at www.deltadentalnm.com/individuals



Customer Service

Customer Service Representative (M–F, 8:00am–4:30pm MT):

- **Local:** (505) 855-7111
- **Toll-Free:** (877) 395-9420

Automated Phone System (24/7): Call the Customer Service phone number at any time and use the automated phone system for information about benefits, eligibility, and more.

Email: customerservice@deltadentalnm.com

Great service is our way of saying, “Thank you for your enrollment.”