



**PPONew Mexico  
Summary of Dental Plan Benefits  
For Group # 8557-0001, 1999  
Santa Fe County**

**Benefit Period:** January 1 through December 31

**Deductible:** \$50 deductible per person total per Benefit Year limited to a maximum deductible of \$150 per family per Benefit Year

**Maximum Benefit Amount:** \$1,750 per person total per Benefit Year

**Orthodontic Lifetime Maximum:**

**Child Ortho** - Non-Spouse dependents starting orthodontic treatment prior to the age of 18; \$2,000 per person total per Lifetime

**Adult Ortho** - Members starting orthodontic treatment at age 18 or after; \$1,750 per person total per Lifetime

Covered Services:	PPONew Mexico or Delta Dental PPO <sup>SM</sup> Dentist	Delta Dental Premier* or Non- Participating Dentist*
	You Pay	You Pay*
<b>Diagnostic and Preventive Services</b>		
<b>Diagnostic and Preventive Services</b> - exams, cleanings, topical fluoride, and space maintainers	No Charge	No Charge
<b>Emergency Palliative Treatment</b> - to temporarily relieve pain	No Charge	No Charge
<b>Sealants</b> - to prevent decay of permanent teeth	No Charge	No Charge
<b>Brush Biopsy</b> - to detect oral cancer	No Charge	No Charge
<b>Radiographs</b> - images	No Charge	No Charge
<b>Periodontal Maintenance</b> - cleanings following periodontal therapy	No Charge	No Charge
<b>Basic Services</b>		
<b>Minor Restorative Services</b> - fillings & crown repair	20%	45%
<b>Endodontic Services</b> - root canals	20%	45%
<b>Periodontic Services</b> - to treat gum disease	20%	45%
<b>Oral Surgery Services</b> - extractions and dental surgery	20%	45%
<b>Other Basic Services</b> - misc. services	20%	45%
<b>Adjustments and Repairs</b> - to dentures, bridges, and implants	20%	45%
<b>Major Services</b>		
<b>Major Restorative Services</b> - crowns	40%	65%
<b>Relines and Repairs</b> - dentures	40%	65%
<b>Prosthodontic Services</b> - bridges, dentures, and implants	40%	65%

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Orthodontic Services		
Orthodontic Services - braces - child	25%	25%
Orthodontic Services - braces - adult	40%	40%
Orthodontic Age Limit	No Age Limit	No Age Limit

*\*Selecting a non-participating dentist 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 dentists do not accept Delta Dental's Maximum Approved Fees. You will be financially responsible for balance billed amounts, or amounts that exceed the out-of-network provider's reimbursement. See "Your Network" below.*

- Oral exams (including evaluations by a specialist) are payable twice per calendar year.
- Routine prophylaxes (cleanings) and periodontal maintenance are payable twice per calendar year. Two additional periodontal maintenance procedures are payable per calendar year for individuals with a documented history of periodontal disease.
- 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 dentist about treatment.
- Topical fluoride treatments are payable twice per calendar year for people up to age 19.
- Space maintainers are payable once per area 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 the occlusal surface of permanent molars up to age 16. The surface must be free from decay and restorations.
- 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.

### Maximum Benefit Amount

Maximum Benefit Amount applies to all services except cephalometric radiographic image, photos, diagnostic casts, and orthodontics (including fiberotomy, surgical repositioning, and devices to facilitate tooth eruption).

### Orthodontic Lifetime Maximum

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

### Deductible

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

### Eligibility Provisions

An employee who works the minimum number of hours per week and/or satisfies the eligibility definition(s) and Eligibility Waiting Period as specified by the Group and agreed to by Delta Dental. Waiting period shall not exceed twelve (12) months.

Upon your enrollment, your dependents may also be eligible for enrollment. Eligible dependents are: Your legal spouse and your children as defined in the Dental Benefit Handbook. Eligible children include children through the end of the month of their twenty-sixth (26th) birthday regardless of employment, marital status, or student status and unmarried children over age twenty-six (26) who cannot support themselves because of a

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mental or physical impairment which can be verified by Delta Dental. In addition, your domestic partner, as defined by the Group and approved by Delta Dental, and his/her children (as defined in the Dental Benefit Handbook) may enroll subject to the same timely enrollment or other applicable requirements.

Subject to any additional requirements which may apply, individuals are eligible to enroll on the first day of the month following one (1) month of continuous employment.

Subject to any other provisions which may also apply, benefits will cease on the last day of the month in which the employee is terminated.

## **Special Benefit Provisions**

None.

### **Your Network: PPONew Mexico**

Your dental plan is based on a preferred provider program. You have the freedom to choose any dentist but have lower out-of-pocket costs when selecting a PPONew Mexico provider.

#### **Benefit Payment is Based on the Dentist Selected**

Delta Dental does not require that you pre-select a dentist and does not guarantee that a particular dentist will be available. Each enrolled person in your family may choose a different dentist. As an enrolled person, your out-of-pocket expense will vary depending on whether your dentist participates in the PPONew Mexico network, another Delta Dental network, or does not participate in any of our networks. PPONew Mexico Participating Dentists have agreed to accept payment according to the PPONew Mexico maximum approved fees.

#### **PPONew Mexico Dentist (In-Network Option in New Mexico)**

You receive the highest level of benefits and lowest out-of-pocket costs when you visit a PPONew Mexico dentist. PPONew Mexico dentists have agreed to accept the PPONew Mexico maximum approved fee as payment in full and will not balance bill you above this amount. When you visit a PPONew Mexico dentist, you will be responsible for the coinsurance and deductible, if applicable, for covered services. You are also responsible for full payment for any non-covered services.

#### **Delta Dental PPO<sup>SM</sup> Dentist (In-Network Option for All Other States)**

When visiting a dentist outside New Mexico, select a Delta Dental PPO dentist to receive the highest level of benefits and lowest out-of-pocket costs. Delta Dental PPO dentists rendering services outside the state of New Mexico have agreed to accept the Delta Dental PPO maximum approved fees for the Delta Dental plan operating in the state where services are provided. When you visit a Delta Dental PPO dentist outside the state of New Mexico, you will be responsible for the coinsurance and deductible, if applicable, for covered services. You are also responsible for full payment for any non-covered services.

#### **Delta Dental Premier<sup>®</sup> Dentists (Do Not Participate in PPONew Mexico, or Delta Dental PPO when Outside of New Mexico)**

Other Delta Dental Participating Dentists who do not participate in PPONew Mexico or Delta Dental PPO when outside of New Mexico are called Delta Dental Premier dentists. Delta Dental Premier dentists have agreed to accept the Delta Dental Premier Maximum Approved Fees. When you visit a Delta Dental Premier dentist, the benefit levels are reduced, but out-of-pocket cost is limited as the balance billing is capped at the Delta Dental Premier Maximum Approved Fees.

You will be responsible for the coinsurance and deductible, if applicable, for covered services. You are also responsible for full payment for any non-covered services.

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**Non-Participating Dentist (In or Out of State)**

You may also visit a dentist who does not participate in any of Delta Dental's networks. Non-participating dentists do not contract with Delta Dental and therefore do not accept Delta Dental's Maximum Approved Fees as payment in full.

In addition to the lower benefit level, you will be responsible for paying the difference between the non-participating dentist's billed fee and what the plan would have paid had you visited a PPO New Mexico dentist. You are also responsible for full payment for any non-covered services. Any payment made by Delta Dental for services received from a non-participating dentist may be paid to the dentist or directly to the enrolled subscriber. Subscribers are responsible for full payment to a non-participating dentist.

When making an appointment, confirm that the dentist participates in your specific Delta Dental network referenced at the top of this Summary of Dental Plan Benefits in order to minimize your out-of-pocket expenses.

**Finding a Dentist**

For online access to New Mexico provider directories, or to search for a dentist nationally, visit the website at [www.deltadentalnm.com](http://www.deltadentalnm.com) and click on the "Find a Dentist" link. For dentists in New Mexico, select "In-State Search" and then choose "PPO New Mexico." For dentists outside New Mexico, select "National Search" and then choose "Delta Dental PPO."

**Understand Your Benefits**

This Summary of Dental Plan Benefits is intended only to be used for open enrollment purposes. It does not reflect all limitations or plan provisions and does not provide complete coverage information. Refer to your Dental Benefit Handbook for other important eligibility and plan provisions. Contact Delta Dental's Customer Service Department to speak with a representative who can answer your coverage questions.

Ask your dentist for a pre-treatment estimate of benefits any time more costly procedures are anticipated. When requested by a dental provider, an advance estimate of benefits payable can be provided by Delta Dental before dental care services are received. Pre-treatment estimates are strongly recommended and may be required if specified on this Summary of Dental Plan Benefits. There is no charge for a pre-treatment estimate.

This Summary of Dental Plan Benefits is attached and is a component of the Dental Benefit Handbook.

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