



**PPONew Mexico
Summary of Dental Plan Benefits
For Group# 11578-0001
NMRHCA - Basic Plan**

Benefit Period: January 1 through December 31

Covered Services:

	PPONew Mexico Dentist	PPO Dentist	Premier Dentist	Non-participating Dentist
	Plan Pays	Plan Pays	Plan Pays*	Plan Pays*
Diagnostic & Preventive				
Diagnostic and Preventive Services – exams, cleanings, fluoride, and space maintainers	100%	100%	25%	25%
Emergency Palliative Treatment – to temporarily relieve pain	100%	100%	25%	25%
Sealants – to prevent decay of permanent teeth	100%	100%	25%	25%
Brush Biopsy – to detect oral cancer	100%	100%	25%	25%
Radiographs – X-rays	100%	100%	25%	25%
Basic Services				
Minor Restorative Services – fillings and crown repair	80%	80%	25%	25%
Endodontic Services – root canals	80%	80%	25%	25%
Periodontic Services – to treat gum disease	80%	80%	25%	25%
Oral Surgery Services – extractions and dental surgery	80%	80%	25%	25%
Other Basic Services – misc. services	80%	80%	25%	25%
Adjustments and Repairs – to bridges and dentures	80%	80%	25%	25%

* When services are received from out-of-network providers (Delta Dental Premier or Nonparticipating Dentists), the percentages in this column indicate the portion of the in-network fee that will be paid for those services. This amount may be less than what the dentist charges or Delta Dental approves and you are responsible for that difference. PPONew Mexico is the in-network option in New Mexico. Delta Dental PPO is the in-network option in all other states.

- Routine oral exams are payable twice per calendar year. Problem focused oral exams and consultations are payable once per calendar year.
- Two routine prophylaxes (cleanings) and/or up to four periodontal maintenance procedures are payable per calendar year, not to exceed a total of four procedures in any calendar year.
- 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 19.
- Bitewing X-rays are payable twice per calendar year and full-mouth X-rays (which include bitewing X-rays) are payable once in any five-year period.
- Sealants are payable once per tooth per three-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 posterior teeth.

Maximum Benefit Amount: \$1,500 per person total per benefit year on all services, except cephalometric films, and photos.

Deductible: \$50 deductible per person total per benefit year limited to a maximum deductible of \$150 per family per benefit year. The deductible does not apply to diagnostic, preventive, X-rays, sealants, periodontal maintenance, full mouth debridement, emergency palliative treatment and consultations.

Eligibility Provisions: Dental plan eligibility is defined by the Group and approved by Delta Dental.

Special Benefit Provisions: None.

UNDERSTAND YOUR BENEFITS: This Summary of Benefits is intended only to highlight benefit levels. 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 and/or call Delta Dental's Benefit Services Department to speak with a representative who can answer your coverage questions.

Ask your dentist for a Pre-determination of benefits anytime 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-determination is strongly recommended and there is no charge for this service.

This Summary of Benefits is attached to the Dental Benefit Handbook and made part of it. This Summary of Benefits supersedes any contract provision of the Dental Benefit Handbook and the Group Administrative Services Contract.