

Power up your smile with an individual dental plan

Enroll Now with Delta Dental of New Mexico

Delta Dental of New Mexico, part of the nation’s largest dental benefits carrier, offers an individual plan for your individual needs. Enroll in a fully insured dental Benefits plan without going through an employer or Spouse. Sign up today to cover yourself, your Spouse or Domestic Partner, and your Children, too.

Benefit from Our Nationwide Networks

With an individual plan, you can take advantage of Delta Dental’s broad Provider networks—see a contracted Provider in New Mexico or anywhere in the nationwide networks. You can visit any licensed Provider, although seeing an in-network Provider may result in lower out-of-pocket costs.¹

Nearly 443,000 Delta Dental members live in New Mexico. And, more than 94% of New Mexico Providers participate in the Delta Dental Premier® network.² Across the U.S., Delta Dental serves more than 73 million members, with more than 152,000 Dentists in the Delta Dental Premier network and more than 102,000 Dentists in the Delta Dental PPOSM network.³

Take Advantage of Quality Customer Service and 24/7 Online Access

Call (800) 971-4108 for help with Benefits, eligibility, claims, and more. The phone system features automated assistance 24/7 and live customer service Monday-Friday, 6 a.m. to 4 p.m. Mountain Time. You can also view and manage your benefits by logging into our secure online portal, www.individualaccountmanager.com.

Choose Between Two Plan Options

The Core plan provides a solid foundation of coverage to safeguard your oral health. The Enhanced plan is designed to give you additional coverage for a healthy smile. Choose a plan today to unleash your smile power. See the back page for plan Benefits, Coinsurance, limitations, and exclusions.

| Core Plan | Enhanced Plan | Both Plans |
|--|--|--|
| <ul style="list-style-type: none"> Lower Premium for affordable dental coverage | <ul style="list-style-type: none"> 100% coverage for Diagnostic and Preventive Services | <ul style="list-style-type: none"> \$1,000 Maximum Benefit Amount \$50 Deductible No waiting periods on preventive care |



Enroll Today
www.mysmilecoverage.com/NM
 (800) 971-4108

1) You have the option to choose any licensed Provider. Your out-of-pocket expenses will vary depending on the plan you select and your Provider’s network participation. For additional information, please call the Individual Product Unit toll-free at (800) 971-4108.
 2) Compiled from internal data at Delta Dental of New Mexico. 2017. Referenced on May 26, 2017.
 3) “Delta Dental by the Numbers.” Delta Dental Plans Association. Web. www.deltadental.com/Public/Company/stats2.jsp. Accessed May 26, 2017.

Individual Dental Plan Benefit Highlights

| Covered Services This summary provides only general information on the Core and Enhanced plans. Policies have exclusions and limitations that may limit coverage. For complete coverage details, please refer to the Policy and Summary of Dental Plan Benefits. | Core Plan | Enhanced Plan | | Both Plans |
|--|---|----------------------------|--|-----------------|
| | Delta Dental PPO, Delta Dental Premier, or Non-Participating Provider | Delta Dental PPO Provider | Delta Dental Premier or Non-Participating Provider | Waiting Periods |
| | You Pay⁴ | You Pay⁴ | | |
| Diagnostic and Preventive Services | | | | |
| Diagnostic and Preventive Services – exams, cleanings, topical fluoride, and space maintainers | 50% | No Charge | 20% | None |
| Emergency Palliative Treatment – to temporarily relieve pain | 50% | No Charge | 20% | None |
| Brush Biopsy – to detect oral cancer | 50% | No Charge | 20% | None |
| Bitewing Radiographs – bitewing images | 50% | No Charge | 20% | None |
| Basic Services | | | | |
| Additional Radiographs – images | 50% | 20% | 40% | 6 months |
| Minor Restorative Services – fillings and crown repairs | 50% | 20% | 40% | 6 months |
| Relines and Repairs – to bridges and dentures | 50% | 20% | 40% | 6 months |
| Periodontal Maintenance – cleanings following periodontal therapy | 50% | 50% | 50% | 6 months |
| Major Services | | | | |
| Endodontic Services – root canals | 50% | 50% | 50% | 12 months |
| Periodontic Services – to treat gum disease | 50% | 50% | 50% | 12 months |
| Oral Surgery Services – extractions and dental surgery | 50% | 50% | 50% | 12 months |
| Major Restorative Services – crowns | 50% | 50% | 50% | 12 months |
| Other Restorative Services – misc. services | 50% | 50% | 50% | 12 months |
| Prosthodontic Services – bridges and dentures | 50% | 50% | 50% | 12 months |
| TMD Treatment – Medically Necessary treatment of Temporomandibular Joint Disorder, including diagnostic imaging | 50% | 50% | 50% | 12 months |

Exclusions

The following list describes some of the Benefits and/or services that are not covered under the Core and Enhanced plans: sealants; implants; orthodontics; overdentures; root canal therapy in conjunction with overdentures; preventive restorations; endodontic endosseous implants; tooth transplantation, including re-implantation; extra-oral soft tissue grafts (grafting of tissues from outside the mouth to oral tissues) or bone graft accession from a donor site; maxillofacial prosthetics and related services; athletic mouth guards and related services; cosmetic surgery or procedures; and Services or Supplies that are not covered under the terms of the Policy or Summary of Dental Plan Benefits. This list is not all-inclusive. Refer to the Policy and Summary of Dental Plan Benefits for specific details about Benefits, limitations, and exclusions applicable to both plans.

Limitations

The Premium rate will vary between plans. The Policy has a term of one year and will automatically renew (upon payment of required Premium) unless terminated in accordance with the Policy provisions. Once you enroll in this Plan, you must remain enrolled for a minimum of 12 months. Coverage may be terminated for reasons stated in the Policy. Coverage ceases upon termination of the Policy. Products and services referred to in this brochure may not be available in all states or jurisdictions.

Coverage for services may be limited based on the age of the person receiving services. Coverage for certain services may be limited to a maximum number of occurrences during a specified time period (such as two times per year or one time every three years).

4) You have the option to choose any licensed Provider. Your out-of-pocket expenses will vary depending on the plan you select and your Provider's network participation. For additional information, please call the Individual Product Unit toll-free at (800) 971-4108.