Delta Dental of New Mexico Plan Options

New Mexico Public School Insurance Authority (NMPSIA)

Delta Dental PPO™ Point-of-Service	Basic Plan		Comprehensive Plan	
Benefit Category	***Contracted In-Network: You Pay***	***Out-of-Network: You Pay****	***Contracted In-Network: You Pay***	***Out-of-Network: You Pay****
Diagnostic and Preventive Services	***No Deductible Applies***			
Oral Exams, Routine Cleanings & Periodontal maintenance cleanings (2 per calendar year). *Members with specified medical conditions may be eligible for additional cleanings & periodontal surgeries.*	No Charge	75% of Allowed Amount + Balance Billing	No Charge	0% of Allowed Amount + Balance Billing
Sealants to age 16 (first and second molars only)				
Fluoride treatments (2 per calendar year to age 20)				
Radiographic Images (full mouth: once every 5 years; bitewings: twice per calendar year through age 13, once per calendar year thereafter)				
Emergency Treatment for Relief of Pain				
Basic Services	***Deductible Applies***			
Amalgam or Composite Fillings	20%	75% of Allowed Amount + Balance Billing	20%	45% of Allowed Amount + Balance Billing
Extractions (non-surgical)				
Non-Surgical Periodontics				
Oral Surgery (including surgical extractions)	100% (Not Covered)			
Endodontics				
Surgical Periodontics				
Repairs to Crowns, Onlays, Dentures, and Bridgework	20%	75% of Allowed Amount + Balance Billing		
Major Services	***Deductible Applies***			
Prosthodontic Procedures—for construction of fixed bridges, partials, or complete dentures	100% (Not Covered)		50%	65% of Allowed Amount + Balance Billing
Implants—specified services, including repairs, and related prosthodontics				
Onlays, Crowns, and Cast Restorations—when teeth cannot be restored with amalgam or composite resin restorations				
Orthodontic Services (Children and Adults)	***No Deductible Applies***			
Diagnostic, Active, Retention Treatment —in and out-of-network orthodontic lifetime (maximums cannot be combined)	100% (Not Covered)		50%, No Deductible, $1500 Lifetime Max	50% of Allowed Amount, No Deductible, $500 Lifetime Max
Deductibles and Maximums				
Calendar Year Deductible—Jan. 1 – Dec. 31. Applies to all services except where noted above.	$50 ($150 per Family)		$50 ($150 per Family)	
Calendar Year Maximum—Jan. 1 – Dec. 31 (per person). In and out-of-network maximum benefit amounts cannot be combined.	$1,500 Maximum		$1,500 Maximum	$1,000 Maximum

*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.