



PLAN FOR A HEALTHY SMILE

Get a pre-treatment estimate from your dentist!

Don't get left wondering how much your dental treatment is going to cost!

NOT ALL SERVICES are covered based on plan design!

STEP-BY-STEP

The pre-treatment estimate process

1

You request a pre-treatment estimate from your dentist prior to getting

any work done.

2

Your dentist sends Delta Dental of New Mexico a proposed treatment plan and x-rays, if necessary. 4

We review the a treatment plan pragainst your esbenefits to cadetermine covered preservices and estimated costs.

4

We send you and your dentist a copy of the pre-treatment estimate. You can view your pre-treatment estimate on our Member Portal or on our Delta Dental Mobile App.

5

You and your dentist discuss any questions you may have about the treatment and determine whether to proceed with the treatment plan.



Q: What is a pre-treatment estimate?

A: A pre-treatment estimate is an estimate of dental benefits from Delta Dental of New Mexico that can help a member budget for dental procedures & decide how to proceed with treatment prior to dental services being performed.

SEE BACK FOR ADDITIONAL FAQ'S



Remember - there is NO GUARANTEE that the balance of your charges will be covered by the Delta Dental Plan. ALWAYS WAIT until your pre-treatment estimate is approved before receiving treatment. If you have any questions regarding your benefits you may contact Customer Service at (877) 395-9420

¹ A pre-treatment estimate is not a guarantee of Delta Dental's final payment. When the treatment is complete and a claim is received for payment, Delta Dental will calculate its payment based on your current eligibility, amount remaining in your annual maximum and any deductible requirements or dual coverage. Please review your Evidence of Coverage, Summary of Benefits or Group Dental Insurance Contract for specific details about your plan.



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Customer Service (877) 395-9420

PRE-TREATMENT ESTIMATE - FAQ'S

Q: When would I request an estimate?

A: Pre-treatment estimates are typically the most helpful when it comes to budgeting for expensive procedures, such as crowns, wisdom tooth removal, dentures or periodontal surgery.

Q: How does it work?

A: After you tell your dental office that you'd like an estimate, your dentist sends Delta Dental the proposed treatment plan, along with any relevant supporting documents, such as X-rays, that are necessary to make a benefit determination.

Delta Dental reviews all of the information provided and sends you and your dentist an estimate of how much your plan will cover for the specific treatment, and how much you will be responsible for paying out-of-pocket. Your estimate may take into account your eligibility, plan maximums, coinsurance and other plan-specific information. It typically does not take your deductible into account. When you receive your estimate, make sure to examine it carefully so you know what has been included.

Q: How long does it take?

A: Estimates are usually returned quickly, but in more complex cases, the analysis can take a few weeks to complete.

Q: How precise is the estimate?

A: Pre-treatment estimates are not a guarantee of coverage, but are meant to provide a general idea of how much the treatment may cost. Using Delta Dental's estimate, you can then factor in your deductible if that's not included and whether you expect to hit your annual maximum before the treatment is complete.

Q: Why would I get a pre-treatment estimate?

A: Knowing the cost associated with the specific dental treatment you need can help you prepare financially, especially if the treatment is extensive or complex. And knowing the cost can also help you make decisions about the type of treatment you receive – for example, choosing between a crown that's porcelain, ceramic or alloy. A pre-treatment estimate can also help with complicated situations when you and your dental office are unsure if a specific procedure is covered.

Q: What is a treatment plan?

A: A treatment plan is a list of proposed services that your dentist recommends at your dental visit, in what time frame, and how much the services will cost after insurance.

DENTAL BENEFITS TERMS

Annual Maximum: The most money your dental plan will pay in a specific period, often a calendar year.

Coinsurance: The fixed percentages that outline how you and your plan share the cost of dental care.

Deductible: A fixed dollar amount that you pay out-of-pocket before your plan's benefits take effect.

<u>Lifetime Maximum:</u> The most money a plan will pay over the course of a lifetime. A lifetime maximum may apply to an individual or a family and usually applies to specific treatments such as orthodontics.



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