



# Delta Dental PPO™ Point of Service Summary of Dental Plan Benefits

For Group #12231  
Dona Ana County

**Benefit Period:** July 1 through June 30

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

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

**Orthodontic Lifetime Maximum:**

**Child Ortho** - Non-Spouse/Domestic Partner 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

|   | Delta Dental PPO™ Provider | Delta Dental Premier® Provider <sup>7</sup> | Non-Participating Provider <sup>2</sup> |
|---|----------------------------|---|---|
|   | You Pay                    | You Pay <sup>7</sup>                        | You Pay <sup>2</sup>                    |
| <b>Diagnostic and Preventive Services</b>   |                            |   |   |
| <b>Diagnostic and Preventive Services</b> - exams, cleanings, topical fluoride, and space maintainers                     | No Charge                  | No Charge                                   | No Charge                               |
| <b>Emergency Palliative Treatment</b> - to temporarily relieve pain   | No Charge                  | No Charge                                   | No Charge                               |
| <b>Sealants</b> - to prevent decay of permanent teeth   | No Charge                  | No Charge                                   | No Charge                               |
| <b>Brush Biopsy</b> - to detect oral cancer   | No Charge                  | No Charge                                   | No Charge                               |
| <b>Radiographs</b> - images   | No Charge                  | No Charge                                   | No Charge                               |
| <b>Periodontal Maintenance</b> - cleanings following periodontal therapy  | No Charge                  | No Charge                                   | No Charge                               |
| <b>Basic Services</b>   |                            |   |   |
| <b>Minor Restorative Services</b> - fillings and crown repair   | 20%                        | 20%   | 45%                                     |
| <b>Endodontic Services</b> - root canals  | 20%                        | 20%   | 45%                                     |
| <b>Periodontic Services</b> - to treat gum disease  | 20%                        | 20%   | 45%                                     |
| <b>Oral Surgery Services</b> - extractions and dental surgery   | 20%                        | 20%   | 45%                                     |
| <b>Other Basic Services</b> - misc. services  | 20%                        | 20%   | 45%                                     |
| <b>Adjustments and Repairs</b> - to bridges, implants, and dentures   | 20%                        | 20%   | 45%                                     |
| <b>Major Services</b>   |                            |   |   |
| <b>Major Restorative Services</b> - crowns  | 40%                        | 40%   | 65%                                     |
| <b>Relines and Repairs</b> - to dentures  | 40%                        | 40%   | 65%                                     |
| <b>Prosthodontic Services</b> - bridges, dentures, and implants   | 40%                        | 40%   | 65%                                     |
| <b>TMD Treatment</b> - Medically Necessary treatment of Temporomandibular Joint Dysfunction, including diagnostic imaging | 50%                        | 50%   | 50%                                     |

Delta Dental Customer Service: (505) 855-7111 or toll-free (877) 395-9420

Address: 100 Sun Avenue NE STE 400, Albuquerque, NM, 87109

Web Site, Including Provider Search: [www.deltadentalnm.com](http://www.deltadentalnm.com)

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| Orthodontic Services                    |                                     |                                     |                                     |
|---|-------------------------------------|-------------------------------------|-------------------------------------|
| Orthodontic Services - braces - child   | 25%                                 | 25%                                 | 25%                                 |
| Orthodontic Services - braces - adult   | 40%                                 | 40%                                 | 40%                                 |
| Orthodontic Age Limit - child and adult | Dependent Children:<br>No Age Limit | Dependent Children:<br>No Age Limit | Dependent Children:<br>No Age Limit |

*1) Schedule of higher fees applies. Delta Dental Premier Providers are subject to a schedule of higher Maximum Approved Fees than Delta Dental PPO Providers. You may have higher out-of-pocket costs when you visit a Delta Dental Premier Provider than if you visited a Delta Dental PPO Provider. This may be true even if the Coinsurance percentages are the same for these two types of Providers. You may have the lowest out-of-pocket costs when you select a Delta Dental PPO Provider. See the Summary of Dental Plan Benefits for more information on networks and cost sharing.*

*2) Balance billing applies. Non-Participating Providers may bill you above the Non-Participating Maximum Approved Fees they receive from Delta Dental. You will have the highest out-of-pocket costs when you visit a Non-Participating Provider. This will be true even if the Coinsurance percentages in this column match the percentages for other types of Providers. In addition, Non-Participating Providers have not agreed to Delta Dental's in-network protections for Enrollees. See the Summary of Dental Plan Benefits for more information on networks and cost sharing.*

- Oral exams (including evaluations by a specialist) are payable twice per calendar year.
- Routine prophylaxes (cleanings), periodontal maintenance, and scaling in the presence of generalized moderate or severe gingival inflammation are payable twice per calendar year.
- 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 Provider about treatment.
- Topical fluoride treatments are payable twice per calendar year for people up to age 19. Topical fluoride treatments are payable once per calendar year for people age 19 and older, but only when medically necessary.
- Fixed bilateral space maintainers are payable once per arch per lifetime for people up to age 18.
- Fixed unilateral, removable unilateral, and removable bilateral space maintainers are payable once per quadrant per lifetime for people up to age 18.
- 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 permanent molars, excluding coverage where an occlusal restoration has been completed on the tooth, up to age 16. Sealants are payable once per tooth per five-year period for permanent molars, excluding coverage where an occlusal restoration has been completed on the tooth, for people ages 16 and older, but only when medically necessary.
- Prefabricated crowns are payable once per tooth in any two-year period for people up to age 16.
- 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.
- Porcelain and resin facings on bridges are payable on posterior teeth.
- Medically Necessary TMD is a covered Benefit. Pre-Treatment Estimate is required or the member may be liable for the full cost of the services.

## Additional Plan Information

**Deductible:** Does not apply to Diagnostic and Preventive Services, radiographic images, sealants, full mouth debridement, periodontal maintenance, emergency palliative treatment, consultations, cephalometric radiographic images, photos, diagnostic casts, and orthodontics (including fiberotomy, surgical repositioning, and devices to facilitate tooth eruption).

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

**Orthodontic Lifetime Maximum:** Applies to cephalometric radiographic images, photos, diagnostic casts, and orthodontics (including fiberotomy, surgical repositioning, and devices to facilitate tooth eruption).

**Pre-Treatment Estimates:** Delta Dental recommends that you ask your Provider for a Pre-Treatment Estimate when more costly procedures are anticipated. A Pre-Treatment Estimate is not a guarantee of coverage. This free report estimates your applicable dental Benefits and out-of-pocket expenses for proposed dental services. Please see the Dental Benefit Handbook for more information. Pre-Treatment Estimates are optional unless specified otherwise in this Summary of Dental Plan Benefits.

**Eligibility Provisions**

An Eligible Employee is an Employee who satisfies the following: the eligibility definition(s) specified by the Group and accepted by Delta Dental; and the Eligibility Waiting Period specified by the Group and agreed to by Delta Dental. The Eligibility Waiting Period shall not exceed twelve (12) months.

**Eligible Employees may enroll on** the first day of a 3rd pay period following their date of hire. Retirees are eligible, subject to any additional requirements which may apply.

**Benefits will cease on** the last day of the month in which the Employee is terminated, subject to any additional requirements which may apply.

**Special Benefit Provisions**

None.

**Your Network: Delta Dental PPO Point of Service**

This section describes the types of Providers you may visit under your Plan and how fees and payments will work for different Providers.

| Delta Dental PPO Provider          |   |
|------------------------------------|---|
| Participates with Delta Dental?    | Yes   |
| Out-of-Pocket Costs for This Plan: | Lowest  |
| Delta Dental Pays Up To:           | Delta Dental PPO Maximum Approved Fees  |
| Provider May Balance Bill You?     | No  |
| Description:                       | You will be responsible for any Coinsurance and Deductible (if applicable) for Covered Services up to the Delta Dental PPO Maximum Approved Fees. You are also responsible for the full payment for any non-covered services. |

| Delta Dental Premier Provider      |   |
|------------------------------------|---|
| Participates with Delta Dental?    | Yes   |
| Out-of-Pocket Costs for This Plan: | Higher than Delta Dental PPO  |
| Delta Dental Pays Up To:           | Delta Dental Premier Maximum Approved Fees  |
| Provider May Balance Bill You?     | No  |
| Description:                       | You will be responsible for any Coinsurance and Deductible (if applicable) for Covered Services up to the Delta Dental Premier Maximum Approved Fees. You are also responsible for the full payment for any non-covered services. Coinsurance amounts may be higher when selecting a Delta Dental Premier Provider. |

| Non-Participating Provider                |   |
|---|---|
| <b>Participates with Delta Dental?</b>    | No  |
| <b>Out-of-Pocket Costs for This Plan:</b> | Highest   |
| <b>Delta Dental Pays Up To:</b>           | Delta Dental's Non-Participating Maximum Approved Fees  |
| <b>Provider May Balance Bill You?</b>     | Yes, up to the Provider's Submitted Amount  |
| <b>Description:</b>                       | <p>In addition to any Coinsurance, Deductible (if applicable), and fees for non-covered services, you will be responsible for any difference between Delta Dental's Non-Participating Maximum Approved Fees and the Provider's Submitted Amount.</p> <p>Subscribers are responsible for full payment to a Non-Participating Provider. Any payment made by Delta Dental for services received from a Non-Participating Provider may be paid to the Provider or directly to the Subscriber.</p> |

## Understanding Your Benefits

READ YOUR PLAN CAREFULLY - THIS BENEFITS SUMMARY PROVIDES A VERY BRIEF DESCRIPTION OF THE IMPORTANT FEATURES OF YOUR PLAN. THIS IS NOT THE INSURANCE CONTRACT. YOUR FULL RIGHTS AND BENEFITS ARE EXPRESSED IN THE ACTUAL PLAN DOCUMENTS THAT ARE AVAILABLE TO YOU UPON YOUR REQUEST TO US. Refer to your Dental Benefit Handbook for other important eligibility and Plan provisions. This Summary of Dental Plan Benefits is attached to and is a component of the Dental Benefit Handbook. To the extent that the rules in the Dental Benefit Handbook conflict with the ones stated in this Summary of Dental Plan Benefits, the rules in this Summary of Dental Plan Benefits control.

Call Delta Dental's Customer Service Department at (877) 395-9420, or log into the Member Portal via [www.memberportal.com](http://www.memberportal.com), for answers to questions about Benefits and claims.

Contact the New Mexico Office of Superintendent of Insurance (OSI) at any time for assistance with a claim appeal:

Office of Superintendent of Insurance  
 Phone: 1-855-4-ASK-OSI  
[www.osi.state.nm.us](http://www.osi.state.nm.us)



# Evidence Based Dentistry (EBD)

Delta Dental's **Evidence-based Dentistry (EBD)** plan benefit provides enhanced dental coverage for enrollees with certain high-risk medical conditions that have oral health implications. Research has shown that increased frequency of cleanings can greatly impact oral health and sometimes even play an important role in managing conditions, such as<sup>1</sup>:



Diabetes & Periodontal Disease



Pregnancy & Periodontal Disease



Heart disease & defects



Head & neck radiation



Cancer



Rheumatoid arthritis



Renal failure or dialysis



Suppressed immune systems  
(due to chemotherapy/radiation, HIV positive, organ transplant or stem cell/bone marrow transplant)

The improved benefits include coverage of up to four teeth cleanings (routine cleanings or periodontal maintenance cleanings) per calendar year, as opposed to the typical two. Additional cleanings are benefits at the coinsurance level specified on your Summary of Dental Plan Benefits. For people undergoing head & neck radiation, fluoride applications by your dentist are also covered twice per calendar year.

## What should I do if I have one of the conditions listed?

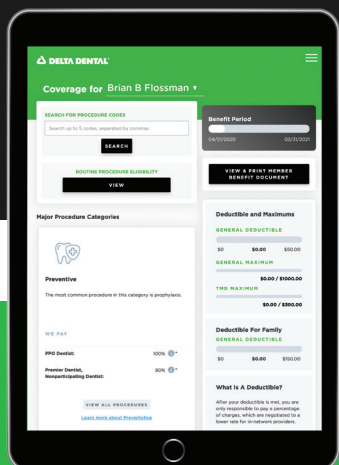
Talk with your dentist and physician about if and when treatment is right for you. **The timing of treatment is important when serious medical conditions exist.**



<sup>1</sup>Not all high-risk medical conditions listed here. Please check your plan documentation for specific plan benefits, limitations, and additional information.



# Stay Informed About Your Dental Benefits With Member Portal



## Member Portal gives you 24/7 access to important information about your dental benefits.

### With Member Portal, you can:

- See which members are covered on your plan, now and in the future
- Find an in-network dentist
- See common procedures
- Access an online ID card
- View the status of all claims and toggle between different family member claims
- View and print Explanation of Benefits (EOBs)

NOTE: Member Portal has replaced Consumer Toolkit.

## Get started today

Visit [www.memberportal.com](http://www.memberportal.com)

Log in using your existing Consumer Toolkit® credentials

OR

If you do not have existing credentials, click “Sign up”

Complete the required fields and follow the on-screen instructions to register as a new user

NOTE: You will need the subscriber's ID (the person whose name is on the benefit package). The member ID is an assigned number unique to the subscriber. In many cases, the member ID is the same as the subscriber's Social Security number.

**Questions?** Call Toolkit Support at 866-356-0301

*Privacy of your online benefit information is assured through highly secure encryption technology.*