



**PPONew Mexico
Summary of Dental Plan Benefits
For Group# 8548-0001, 1999
City of Las Cruces**

Benefit Period: January 1 through December 31

Deductible: \$50 deductible per person total per Benefit Year limited to a maximum deductible of \$150 per family per Benefit Year.

Maximum Benefit Amount: \$1,750 per person total per Benefit Year.

Lifetime Ortho Benefit Amount: \$2,000 per person total per Lifetime.

	PPONew Mexico Dentist	Delta Dental PPO Dentist	Delta Dental Premier Dentist*	Non-participating Dentist*
Covered Services:	Plan Pays	Plan Pays	Plan Pays*	Plan Pays*
Diagnostic & Preventive				
Diagnostic and Preventive Services – exams, cleanings, topical fluoride, and space maintainers	100%	100%	100%	100%
Emergency Palliative Treatment – to temporarily relieve pain	100%	100%	100%	100%
Sealants – to prevent decay of permanent teeth	100%	100%	100%	100%
Brush Biopsy – to detect oral cancer	100%	100%	100%	100%
Radiographs – images	100%	100%	100%	100%
Periodontal Maintenance – cleanings following periodontal therapy	100%	100%	100%	100%
Basic Services				
Minor Restorative Services – fillings and crown repair	80%	80%	55%	55%
Endodontic Services – root canals	80%	80%	55%	55%
Periodontic Services – to treat gum disease	80%	80%	55%	55%
Oral Surgery Services – extractions and dental surgery	80%	80%	55%	55%
Other Basic Services – misc. services	80%	80%	55%	55%
Adjustments and Repairs – to dentures, bridges, and implants	80%	80%	55%	55%
Major Services				
Major Restorative Services – crowns	60%	60%	35%	35%
Relines and Rebases –dentures	60%	60%	35%	35%
Prosthetic Services – bridges, dentures, and implants	60%	60%	35%	35%
TMD Treatment – medically necessary treatment of the disorder of the temporomandibular joint, including diagnostic imaging	50%	50%	50%	50%
Orthodontic Services				
Orthodontic Services – braces	75%	75%	75%	75%
Orthodontic Age Limit –	No Age Limit	No Age Limit	No Age Limit	No Age Limit

* Selecting a non-participating Dentist may result in higher out-of-pocket expenses. Non-participating Dentists do not accept Delta Dental's Maximum Approved Fees. See "Selecting a Dentist" below.

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- Oral exams (including evaluations by a specialist) are payable twice per calendar year.
- Routine prophylaxes (cleanings) and periodontal maintenance are payable twice per calendar year. Two additional periodontal maintenance procedures are payable per calendar year for individuals with a documented history of periodontal disease.
- 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 dentist about treatment.
- Topical fluoride treatments are payable twice per calendar year for people up to age 19.
- Space maintainers are payable once per area per five-year period for people up to age 19.
- Bitewing images are payable twice per calendar year and a complete series of radiographic images (which include bitewing images) or panoramic radiographic image are payable once in any five-year period.
- Sealants are payable once per tooth per two-year period for the occlusal surface of permanent molars up to age 16. The surface must be free from decay and restorations.
- 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.
- Porcelain and resin facings on bridges are Covered Services on posterior teeth.
- Medically necessary TMD treatment is a covered service. Pretreatment estimate required.
- Implants and implant related services are payable once per tooth in any five-year period.

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

Deductible: The deductible does not apply to diagnostic, preventive, radiographic images, sealants, full mouth debridement, periodontal maintenance, emergency palliative, consultations, cephalometric radiographic image, photos, diagnostic casts and orthodontics (including fiberotomy, surgical repositioning, and devices to facilitate tooth eruption).

Selecting a Dentist

When making an appointment, confirm that the dentist participates in the PPONew Mexico network, referenced at the top of this Summary of Dental Plan Benefits, in order to minimize your out-of-pocket expenses.

For online access to New Mexico Provider Directories, or to search for a dentist nationally, visit the website at www.deltadentalnm.com and select "Find a Dentist".

PPONew Mexico Dentist (In-network option in New Mexico)

Selecting a PPONew Mexico Participating Dentist will ensure the lowest out-of-pocket expenses. PPONew Mexico Participating Dentists have agreed to accept payment according to the PPONew Mexico Fee Schedule. You will be responsible for any copayment and deductible (if applicable) for covered services. You are also responsible for the full payment for any non-covered services.

Delta Dental PPO Dentist (In-network option for all other states)

Selecting a Delta Dental PPO Participating Dentist will ensure the lowest out-of-pocket expenses when visiting a dentist outside of New Mexico. Delta Dental PPO Dentists rendering services outside the state of New Mexico have agreed to accept payment according to the Delta Dental PPO Fee Schedule. You will be responsible for any copayment and deductible (if applicable) for covered services. You are also responsible for full the payment for any non-covered services.

***Delta Dental Premier – (Does Not Participate in PPONew Mexico and/or Delta Dental PPO)**

Delta Dental Premier Participating Dentists are contracted with Delta Dental and may bill up to the Delta Dental Premier Maximum Approved Fees. When you visit a Delta Dental Premier dentist, the **benefit levels are reduced**. Out-of-pocket costs are limited as the balanced billing is capped at the Delta Dental Premier Maximum Approved Fees. Selecting a Non-Participating PPONew Mexico or Delta Dental PPO Dentist who participates in Delta Dental Premier, you will be responsible for any copayment and deductible (if applicable) for covered services. **You will also be responsible for the difference in fees between the PPONew Mexico Fee Schedule/Delta Dental PPO Fee Schedule and the Delta Dental Premier Fee Schedule.** You are responsible for the full payment for any non-covered services.

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***Non-Participating Dentist**

Selecting a non-participating Dentist may result in higher out-of-pocket expenses. Non-participating Dentists **do not** contract with Delta Dental therefore do not accept the Delta Dental's Maximum Approved Fees as payment in full. When you visit a non-participating dentist the **benefit levels are reduced**. In addition to any copayment, deductible, and fees for non-covered services, **you will also be responsible for any difference between the Dentist's submitted charge and the Maximum Approved Fees for non-participating dentists.**

Eligibility Provisions: An employee who works the minimum number of hours per week and/or satisfies the eligibility definition(s) and Eligibility Waiting Period as specified by the Client and agreed to by Delta Dental.

Upon your enrollment, your dependents may also be eligible for enrollment. Eligible dependents are: Your legal spouse and your children as defined in the Dental Benefit Handbook. Eligible children include your children through the end of the month of their 26th birthday regardless of employment, marital status, or student status and unmarried children over age 26 who cannot support themselves because of a mental or physical impairment which can be verified by Delta Dental. In addition, your domestic partner, as defined by the Group and approved by Delta Dental, and his/her children (as defined in the Dental Benefit Handbook) may enroll subject to the same timely enrollment or other applicable requirements.

Subject to any additional requirements which may apply, individuals are eligible to enroll on the first day of the month following two pay periods.

Subject to any other provisions which may also apply, benefits will cease on the last day of the month in which the employee is terminated.

Special Benefit Provisions: None.

UNDERSTAND YOUR BENEFITS: This Summary of Dental Plan 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. Contact Delta Dental's Customer Service Department to speak with a representative who can answer your coverage questions.

Ask your dentist for a Pre-treatment estimate 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-treatment estimates are strongly recommended and there is no charge for this service.

This Summary of Dental Plan Benefits is attached and is a component of the Dental Benefit Handbook. This Summary of Dental Plan Benefits supersedes any contract provision of the Dental Benefit Handbook.

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