



Delta Dental PPOSM Point of Service 2023 Summary of Dental Plan Benefits

For Group #8523
State of NM General Services Dept Risk
Management Division

Benefit Period: January 1 through December 31

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 – Dependent children orthodontic treatment prior to the age of 18; \$2,000 per person total per lifetime

Adult Ortho – Members orthodontic treatment at age 18 or thereafter; \$1,750 per person total per lifetime

Covered Services

	Delta Dental PPO SM Provider You Pay	Delta Dental Premier [®] Provider You Pay	Non- Participating Provider* You Pay*
Diagnostic and Preventive Services			
Diagnostic and Preventive Services – exams, cleanings, topical fluoride, and space maintainers	No Charge	No Charge	No Charge
Emergency Palliative Treatment – to temporarily relieve pain	No Charge	No Charge	No Charge
Sealants – to prevent decay of permanent teeth	No Charge	No Charge	No Charge
Brush Biopsy – to detect oral cancer	No Charge	No Charge	No Charge
Radiographs – images	No Charge	No Charge	No Charge
Periodontal Maintenance – cleanings following periodontal therapy	No Charge	No Charge	No Charge
Basic Services			
Minor Restorative Services – fillings and crown repair	20%	20%	45%
Endodontic Services – root canals	20%	20%	45%
Periodontic Services – to treat gum disease	20%	20%	45%
Oral Surgery Services – extractions and dental surgery	20%	20%	45%
Other Basic Services – misc. services	20%	20%	45%
Adjustments and Repairs – to dentures, bridges, and implants	20%	20%	45%
Major Services			
Major Restorative Services – crowns	40%	40%	65%
Relines and Rebase – to dentures	40%	40%	65%
Prosthodontic Services – bridges, dentures, and implants	40%	40%	65%

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

Connect with DDNM on Our Blog, Facebook, Twitter, Instagram, and Pinterest

Orthodontic Services			
Orthodontic Services – braces – child only	25%	25%	50%
Orthodontic Services – braces – adult	40%	40%	40%
Orthodontic Age Limit (lifetime max.)	No Age Limit	No Age Limit	No Age Limit

**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. See the section titled "Your Network."*

- 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. 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 Provider about treatment.
- Topical fluoride treatments are payable twice per calendar year for people up to age 19.
- Fixed bilateral space maintainers are payable once per arch per five-year period for people up to age 19.
- Fixed unilateral, removable unilateral, and removable bilateral space maintainers are payable once per quadrant 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 is payable once in any five-year period.
- Sealants are payable once per tooth per three-year period for permanent molars up to age 16.
- 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 all teeth.
- Implants and implant-related services are payable once per tooth in any five-year period.

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. 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 subject to the Eligibility Waiting Period(s) defined by the Group and approved by Delta Dental, subject to any additional requirements which may apply.

Benefits will cease on the actual 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	
Participates with Delta Dental?	No
Out-of-Pocket Costs for This Plan:	Highest
Delta Dental Pays Up To:	Delta Dental's Non-Participating Maximum Approved Fees
Provider May Balance Bill You?	Yes, up to the Provider's Submitted Amount
Description:	<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

This Summary of Dental Plan Benefits only highlights Benefit levels; it does not provide complete coverage information. 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, for answers to questions about Benefits and claims.

Delta Dental—Evidence Based Dentistry

Delta Dental plans include enhanced dental coverage for enrollees with certain high-risk medical conditions. These enhancements have been included based on scientific evidence that treating and preventing oral disease in these situations can improve overall health.

Individuals eligible for this coverage include:

- ✓ People with diabetes **and** periodontal (gum) disease
- ✓ Women who are pregnant **and** have periodontal (gum) disease
- ✓ People with certain heart conditions that put them at high or moderate risk for infective endocarditis, a potentially deadly heart infection
- ✓ People with kidney failure or who are undergoing dialysis
- ✓ People with suppressed immune systems due to chemotherapy and/or radiation treatment, HIV-positive status, organ transplant, and/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 and neck radiation, fluoride applications by your dentist are also covered twice per calendar year. (This service is typically covered to age 19.)

Refer to your Summary of Dental Plan Benefits for more information about your plan, including the coverage levels applicable to these benefits. Additional cleanings and fluoride treatments may apply to your annual maximum and/or be subject to the plan's deductible.

Revised 9/16



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

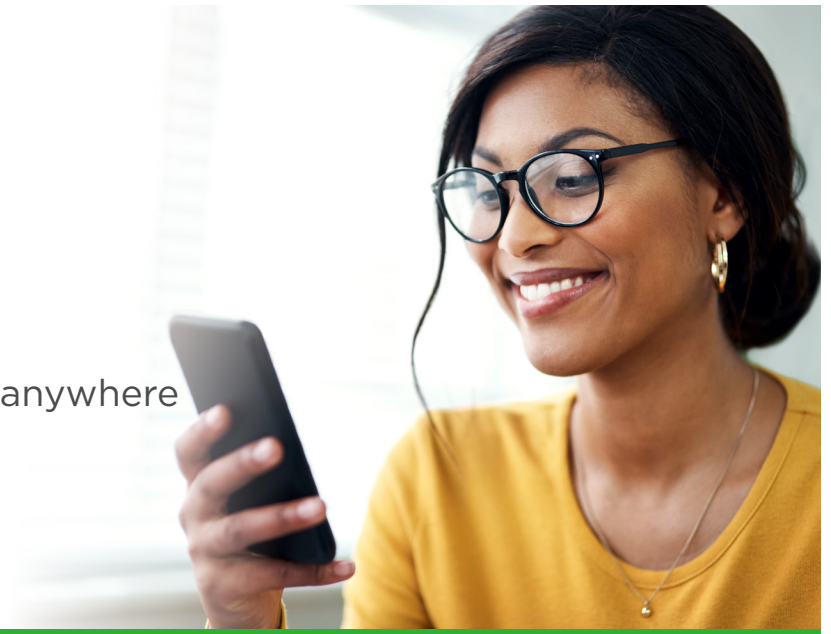
**Talk with your dentist and
physician about if and when
treatment is right for you.**

**The timing of treatment is
important when serious
medical conditions exist.**

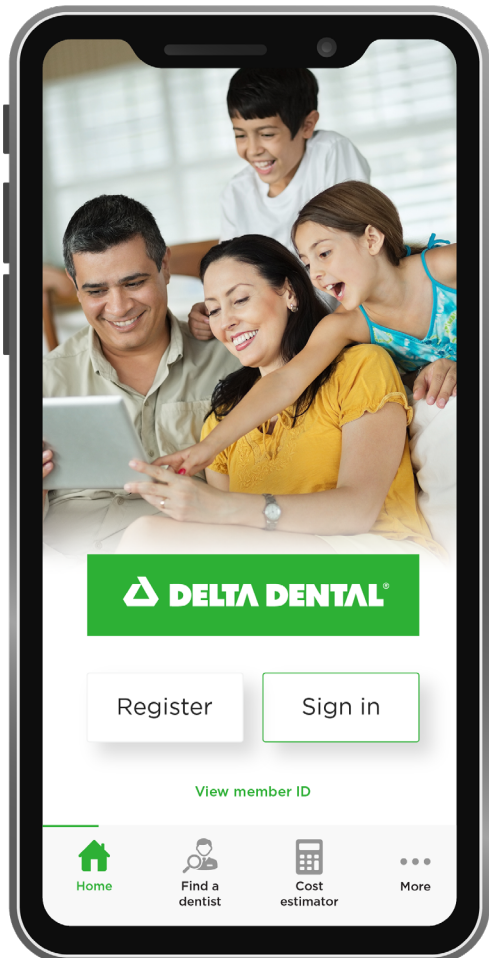


Delta Dental Mobile App

Manage your oral health anytime, anywhere



Your oral health is important to Delta Dental — and to your overall health! We've designed our mobile app to make it easy for you to make the most of your dental benefits. Maximize your health, wherever you are! Search for a dentist near you, view ID cards and more, right on your mobile device.



Getting started

The Delta Dental Mobile App is optimized for iOS (Apple) and Android devices. To download our app on your device, visit the App Store (Apple) or Google Play (Android) and search for Delta Dental Mobile App. Or, scan the QR code below. You will need an internet connection in order to download and use most features of our free app.

Logging in to view benefits

Delta Dental members can sign in using the username and password they use to sign in to our website. If you haven't registered for an account yet, you can do that within the app. If you've forgotten your username or password, you can also retrieve these via the Delta Dental Mobile App.



SCAN TO DOWNLOAD
DELTA DENTAL MOBILE APP

Delta Dental Mobile App features

Sign in to access the full range of tools and resources



Mobile ID card

No need for a paper card. View and share your ID card from your phone, and easily save it to your device for quick access, including Apple Passbook and Google Wallet.



Find a dentist

It's easy to find a dentist near you. Search and compare dental offices to find one that suits your needs. Save your family's preferred dentists to your account for easy access.



Dental Care Cost Estimator

Find out what to expect with our Dental Care Cost Estimator. Our easy to use tool provides estimated cost ranges on common dental care needs for dentists in your area, now with the option to select your dentist for tailored cost estimates.



Save your preferred dentist for quick access

Save your favorite dentists using the Delta Dental Mobile App for quick access to contact information making it easy to schedule your routine cleaning.

Secure access to your benefits

You must sign in each time you access the secure portion of the mobile app. No personal health information is ever stored on your device. For more details on security, our Privacy Policy can be viewed by clicking the lock icon on the main menu.

Please note information displayed may vary based on your particular coverage. For more information on your coverage, contact your Delta Dental company. "Delta Dental" refers to the national network of 39 independent Delta Dental companies that provide dental benefits and is a registered trademark of Delta Dental Plans Association.

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