

## Network Information

### In-Network Providers in New Mexico:

#### PPONew Mexico

The State of New Mexico Dental Plan features the PPONew Mexico network, a preferred Provider network with more than 2,200 access points in New Mexico.<sup>1</sup> This network is designed to offer members savings based on Provider discounts (Maximum Approved Fees) while giving access to general Providers and specialists in every category. In addition, Benefit levels are enhanced when you select a PPONew Mexico Provider.



### In-Network Providers in Other States: Delta Dental PPO<sup>SM</sup>

Outside of New Mexico, the Delta Dental PPO network is considered in-network. Delta Dental PPO is a national preferred Provider network with more than 282,000 office locations nationwide.<sup>2</sup>

Reduce your out-of-pocket costs by always selecting an in-network Provider. By selecting Participating Providers, you are only responsible for your Coinsurance and Deductible, if applicable, at the time you receive services. No balance billing applies and your Provider will file claims on your behalf.

### Choosing an In-Network Provider

Delta Dental has multiple Provider networks, and not every Provider participates in every network. When asking a Provider if he or she participates with Delta Dental, make sure to specify the PPONew Mexico Provider network (or Delta Dental PPO, if outside New Mexico). You can search for Providers on [www.deltadentalnm.com](http://www.deltadentalnm.com) under the “Find a Dentist” link, or in the Delta Dental mobile app.

### Out-of-Network Providers

Out-of-network Providers have not agreed to the Provider fee maximums applicable under the dental Plan. Your out-of-pocket costs can be much higher because you may be balance billed for the difference up to the full amount charged by the Provider. Further, you may have to pay the full amount at the time you receive services and submit a claim for reimbursement. Reduced Benefit levels apply to out-of-network services.

### Specified Medical Conditions

The State of New Mexico Plan covers routine cleanings twice per year. For members with periodontal disease and some specific at-risk health conditions, additional cleanings or topical fluoride treatment are available. The patient should talk with his or her Provider about treatment.

## Quick Bite: Pre-Treatment Estimates—Be in the Know

Are you anticipating a potentially costly procedure such as a crown or root canal? Request a Pre-Treatment Estimate prior to scheduling dental services to get an estimate of what your share of the cost will be. Talk with your Provider and ask him/her to submit a Pre-Treatment Estimate. Delta Dental will respond in writing to you and your Provider. Be a wise consumer and avoid potential additional expenses by taking advantage of this free service.

### Contact

**Phone:** (505) 855-7111 or toll-free (877) 395-9420

**Email:** [customerservice@deltadentalnm.com](mailto:customerservice@deltadentalnm.com)

**Web:** [www.deltadentalnm.com](http://www.deltadentalnm.com)

**Mobile App:** Download the Delta Dental mobile app on the App Store (Apple) or Google Play (Android)

### Access 24/7

Delta Dental’s automated voice response system is available 24/7 to help you with topics such as Benefit/eligibility verification, requesting an ID card, Provider directories (fax, voice, or email), and checking claim/Pre-Treatment Estimate status.

1. Network data for PPONew Mexico. Delta Dental of New Mexico. Accessed September 20, 2017.

2. “Delta Dental by the Numbers.” Delta Dental Plans Association. Web. Accessed September 20, 2017.

[www.deltadental.com/Public/Company/stats2.jsp](http://www.deltadental.com/Public/Company/stats2.jsp)



**PPONew Mexico Network – 2018 – Dental Plan Administered by Delta Dental of New Mexico**

<b>Benefit Category</b>	<b>In Network:</b>	<b>Out of Network:*</b>
<b>Diagnostic and Preventive Services</b>		
Oral Exams (two routine per calendar year)	Plan Pays 100% You Pay 0%	Plan Pays 100% You Pay 0%*
Routine or Periodontal Cleanings (two per calendar year or up to two additional for specified at-risk medical conditions)		
Radiographic Images (full mouth: once every five years; bitewings: twice in a calendar year)		
Topical Fluoride (through age 18, twice per calendar year)		
Emergency Treatment for Relief of Pain		
Sealants (through age 15, permanent molars only, three year limitation)		
Space Maintainers (through age 18, five year limitation)		
<b>Basic Services</b>		
Amalgam or Composite Fillings	Plan Pays 80% You Pay 20%	Plan Pays 55% You Pay 45%*
Stainless Steel Crowns (primary teeth only)		
Oral Surgery (maxillofacial surgical procedures of the oral cavity, including extractions)		
Endodontics (pulp therapy and root canal filling)		
Periodontics (non-surgical and surgical treatment of gum disease)		
Repairs to Crowns, Implants, Onlays, Bridges, and Partial or Complete Dentures		
Adjustments to Partial or Complete Dentures		
General Anesthesia (intravenous sedation and general anesthesia, when Dentally Necessary and administered by a licensed Provider for a covered oral surgery procedure)		
<b>Major Services</b>		
Prosthetic procedures for construction of fixed bridges, partials, or complete dentures	Plan Pays 60% You Pay 40%	Plan Pays 35% You Pay 65%*
Implants (specified services, including repairs, and related prosthetics, subject to clinical review/approval)		
Onlays, Crowns, and Cast Restorations (when teeth cannot be restored with amalgam or composite resin restorations)		
<b>Orthodontic Services</b>		
Children up to 18th birthday	Plan Pays 75% up to a \$2,000 lifetime maximum You Pay 25%*	
Adults, 18 and over	Plan Pays 60% up to a \$1,750 lifetime maximum You Pay 40%*	
<b>Deductibles and Maximums</b>		
Calendar Year Deductible—Jan. 1 – Dec. 31. (Does not apply to Diagnostic and Preventive Services or Orthodontic Services)	You Pay \$50 per Enrolled Person \$150 per Family	
Calendar Year Maximum—Jan. 1 – Dec. 31. (Excludes expenses for Orthodontic Services)	Plan Pays up to \$1,750 per Enrolled Person	

\*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.

This Benefit comparison has been prepared as a general description to highlight some of the Benefits available under your dental Plan. It does not reflect all Benefits, limitations, and exclusions, or provide complete coverage information. Delta Dental will provide complete coverage descriptions when you enroll.