

PPONew Mexico Network – 2021 – Dental Plan Administered by Delta Dental of New Mexico

Benefit Category	In Network:	Out of Network:*
Diagnostic and Preventive Services		
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)		
Basic Services		
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)		
Major Services		
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)		
Orthodontic Services		
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%*	
Deductibles and Maximums		
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.