

# PPONew Mexico Summary of Dental Plan Benefits

## For Group #8565 New Mexico Public School Insurance Authority - High Option

**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:**

PPO Dentist or PPONewMexico Dentist - \$1,500 per person total per Benefit Period

Premier Dentist or Non-Participating Dentist - \$1,000 per person total per Benefit Period

**Orthodontic Lifetime Maximum:**

PPO Dentist or PPONewMexico Dentist - \$1,500 per person total per Lifetime

Premier Dentist or Non-Participating Dentist - \$500 per person total per Lifetime

### Covered Services

	In New Mexico: PPONew Mexico Provider	Delta Dental Premier® or Non-Participating Provider*
	Outside New Mexico: Delta Dental PPO <sup>SM</sup> Provider	
	You Pay	You Pay*
<b>Diagnostic and Preventive Services</b>		
<b>Diagnostic and Preventive Services</b> - exams, cleanings, topical fluoride, and space maintainers	No Charge	No Charge
<b>Emergency Palliative Treatment</b> - to temporarily relieve pain	No Charge	No Charge
<b>Sealants</b> - to prevent decay of permanent teeth	No Charge	No Charge
<b>Brush Biopsy</b> - to detect oral cancer	No Charge	No Charge
<b>Radiographs</b> - images	No Charge	No Charge
<b>Periodontal Maintenance</b> - cleanings following periodontal therapy	No Charge	No Charge
<b>Basic Services</b>		
<b>Minor Restorative Services</b> - fillings and crown repair	20%	45%
<b>Endodontic Services</b> - root canals	20%	45%
<b>Periodontic Services</b> - to treat gum disease	20%	45%
<b>Simple Extractions</b> - non-surgical	20%	45%
<b>Oral Surgery Services</b> - extractions and dental surgery	20%	45%
<b>Other Basic Services</b> - misc. services	20%	45%
<b>Adjustments and Repairs</b> - bridges, dentures & implants	20%	45%
<b>Relines and Rebases</b> - dentures	20%	45%
<b>Major Services</b>		
<b>Major Restorative Services</b> - crowns	50%	65%
<b>Prosthodontic Services</b> - bridges, dentures, & implants	50%	65%
<b>Orthodontic Services</b>		
<b>Orthodontic Services</b> - braces (lifetime max.)	50%	50%
<b>Orthodontic Age Limit</b> - child and adult	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) are payable twice per calendar year and periodontal maintenance, and scaling in the presence of generalized moderate or severe gingival inflammation are payable twice per calendar year, not to exceed a total of four procedures in a calendar year.
- 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 lifetime for people up to age 14.
- Fixed unilateral, removable unilateral, and removable bilateral space maintainers are payable once per quadrant per lifetime for people up to age 14.
- Bitewing images are payable twice per calendar year through age 13, once per calendar year thereafter, 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 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.

<b>NMPSIA Wellness Enhancement</b>		You Pay
<p>People with certain chronic medical conditions: diabetes, heart disease, lupus, oral cancer, organ transplant, rheumatoid arthritis and stroke are eligible for periodontal care. The patient should talk with his or her Provider about treatment.</p> <p><b>Periodontal Maintenance</b> – one additional to your plan's standard limit per year</p> <p><b>Scaling &amp; Root Planing</b></p> <p><b>Periodontal Surgery</b> – four procedures related to gingival flap or osseous surgeries.</p>	<p>No Charge</p> <p>Annual Maximum Benefit applies</p>	
<p><b>Pregnancy Benefit</b> – one additional routine prophylaxes (cleanings) and one additional periodontal maintenance and scaling in the presence of generalized moderate or severe gingival inflammation is Covered during pregnancy.</p>		

## Additional Plan Information

**Deductible:** Does not apply to Diagnostic and Preventive Services, radiographic images, sealants, periodontal maintenance, full mouth debridement, 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.

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

## Your Network: PPONew Mexico

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

PPONew Mexico is a Provider network offered exclusively in New Mexico. If you need services outside the state of New Mexico, select a Delta Dental PPO<sup>SM</sup> Participating Provider in that state to reduce out-of-pocket costs.

PPONew Mexico Provider (In-Network Option In New Mexico)	
Participates with Delta Dental?	Yes
Out-of-Pocket Costs for This Plan:	Lowest
Delta Dental Pays Up To:	<b>In State:</b> PPONew Mexico 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 PPONew Mexico Maximum Approved Fees. You are also responsible for the full payment for any non-covered services.

Delta Dental PPO Provider (In-Network Option Outside of New Mexico)	
Participates with Delta Dental?	Yes
Out-of-Pocket Costs for This Plan:	Lowest
Delta Dental Pays Up To:	<b>Out of State:</b> 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 (Out-of-Network Option In/Outside of New Mexico)	
Participates with Delta Dental?	Yes
Out-of-Pocket Costs for This Plan:	Higher than PPONew Mexico or Delta Dental PPO
Delta Dental Pays Up To:	<b>In State:</b> PPONew Mexico Maximum Approved Fees <b>Out of State:</b> Delta Dental PPO Maximum Approved Fees
Provider May Balance Bill You?	<b>In State and Out of State:</b> Yes, up to the Delta Dental Premier Maximum Approved Fees
Description:	<b>In State:</b> In addition to any Coinsurance, Deductible (if applicable), and fees for non-covered services, you will be responsible for the difference between the PPONew Mexico Maximum Approved Fees and the Delta Dental Premier Maximum Approved Fees.  <b>Out of State:</b> In addition to any Coinsurance, Deductible (if applicable), and fees for non-covered services, you will be responsible for the difference between the Delta Dental PPO Maximum Approved Fees and the Delta Dental Premier Maximum Approved Fees.

	<b>You will pay more in Coinsurance when you visit a Delta Dental Premier Provider.</b>
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<b>Non-Participating Provider (Out-of-Network Option In/Outside of New Mexico)</b>	
<b>Participates with Delta Dental?</b>	No
<b>Out-of-Pocket Costs for This Plan:</b>	Highest
<b>Delta Dental Pays Up To:</b>	<b>In and out of State:</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><b>In State:</b> In addition to any Coinsurance, Deductible (if applicable), and fees for non-covered services, you will be responsible for the difference between the Delta Dental's Non-Participating Maximum Approved Fees and the Provider's Submitted Amount.</p> <p><b>Out of State:</b> In addition to any Coinsurance, Deductible (if applicable), and fees for non-covered services, you will be responsible for the difference between the 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 Consumer Toolkit via [www.deltadentalnm.com](http://www.deltadentalnm.com), for answers to questions about Benefits and claims.