

### More options, lower costs: Smile more with Delta Dental

Delta Dental offers two provider networks to help cover your smile while keeping costs as low as possible. The Delta Dental PPO<sup>SM</sup> Network provides maximum cost savings, while the Delta Dental Premier<sup>®</sup> Network—which is the largest network in New Mexico—provides a safety net for additional access when you need it.

Our Delta Dental PPO dentists have agreed to the deepest discounts for our members for covered services. However, if you go to a dentist who doesn't participate in Delta Dental PPO, you can still save money if your dentist participates in the Delta Dental Premier<sup>®</sup> network. Like our Delta Dental PPO dentists, Delta Dental Premier dentists agree to accept Delta Dental's fee determination with no balance billing. You would be responsible for your co-insurance, deductible or any non-covered services if applicable.

DELTA DENTAL NETWORKS	Delta Dental PPO	<ul style="list-style-type: none"> <li>No balance billing on covered services</li> <li>Lowest out-of-pocket costs for this Plan</li> <li>Payment is based on Delta Dental PPO Maximum Approved Fees</li> <li>Dentists file claims for member</li> </ul>
	Delta Dental Premier	<ul style="list-style-type: none"> <li>No balance billing on covered services</li> <li>Higher out-of-pocket costs for this Plan</li> <li>Payment is based on Delta Dental Premier Maximum Approved Fees</li> <li>Dentists file claims for member</li> </ul>
OUT OF NETWORK	Out-of-network dentist	<ul style="list-style-type: none"> <li>May be balance billed*</li> <li>Highest out-of-pocket costs for this Plan</li> <li>No discounts</li> <li>May need to file own claims</li> </ul>

### \*What is balance billing?

Our contracted network dentists agree to accept Maximums on what they charge for each service. An out-of-network dentist hasn't agreed to those Maximums. When you visit a Delta Dental contracted network dentist, you won't have to pay the difference between what the dentist charges and what Delta Dental will pay, aka Balance Billing.

### Example of how the PPO Point of Service network can save you money

As shown below, your lowest out-of-pocket costs result from going to either a Delta Dental PPO or Delta Dental Premier dentist.

		DELTA DENTAL PPO DENTIST	DELTA DENTAL PREMIER DENTIST	OUT-OF-NETWORK DENTIST
CROWN	Submitted fee	\$1,300	\$1,300	\$1,300
	Maximum allowed fee	\$835	\$1068	\$630
	Coverage level	50%	50%	35%
	Amount Delta Dental pays	\$417	\$534	\$220.50
	AMOUNT YOU PAY	\$417	\$534	\$1079.50

#### 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 (iOS) 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.

Delta Dental PPO™ POS Network	Basic Plan		Comprehensive Plan	
Benefit Category	In Network: You Pay	Out of Network: You Pay*	In Network: You Pay	Out of Network: You Pay*
<b>Diagnostic and Preventive Services</b>				
Oral Exams (two routine per calendar year plus one problem-focused/emergency, if needed)	No Charge, No Deductible	75% of Allowed Amount, No Deductible	No Charge, No Deductible	25% of Allowed Amount, No Deductible
Routine Cleanings (three per calendar year and up to one additional for specified at-risk medical conditions—max of four per year)				
Radiographic Images (full mouth: once every 5 years; bitewings: twice in a calendar year)				
Emergency Treatment for Relief of Pain				
<b>Basic Services</b>				
Amalgam or Composite Fillings	20%	75% of Allowed Amount	20%	45% of Allowed Amount
Periodontal Maintenance				
Extractions (non-surgical)				
Endodontics				
Non-Surgical Periodontics				
Oral Surgery (including surgical extractions)				
Surgical Periodontics	100% (Not Covered)			
Repairs to Crowns, Onlays, Dentures, and Bridgework	20%	75% of Allowed Amount		
<b>Major Services</b>				
Prosthodontic Procedures—for construction of fixed bridges, partials, or complete dentures	100% (Not Covered)		50%	65% of Allowed Amount
Implants—specified services, including repairs, and related prosthodontics, subject to clinical review/approval				
Onlays, Crowns, and Cast Restorations—when teeth cannot be restored with amalgam or composite resin restorations				
<b>Orthodontic Services (Children and Adults)</b>				
Diagnostic, Active, Retention Treatment—in- and out-of-network orthodontic lifetime maximums cannot be combined	100% (Not Covered)		50%, No Deductible, \$1,000 Lifetime Max	50% of Allowed Amount, No Deductible, \$500 Lifetime Max
<b>Deductibles and Maximums</b>				
Calendar Year Deductible—Jan. 1 – Dec. 31. Applies to all services except where noted above.	\$50 (\$150 per Family)		\$50 (\$150 per Family)	
Calendar Year Maximum—Jan. 1 – Dec. 31 (per person). In- and out-of-network maximum benefit amounts cannot be combined.	\$1,500		\$1,500	\$1,000

*\*[Balance billing applies. Non-Participating Providers may bill you above the Non-Participating Maximum Approved Fees they receive from Delta Dental. You will have the highest out-of-pocket costs when you visit a Non-Participating Provider. This will be true even if the Coinsurance percentages in this column match the percentages for other types of Providers. In addition, Non-Participating Providers have not agreed to Delta Dental's in-network protections for Enrollees. See the Summary of Dental Plan Benefits for more information on networks and cost sharing.]*

READ YOUR PLAN CAREFULLY - THIS BENEFITS SUMMARY PROVIDES A VERY BRIEF DESCRIPTION OF THE IMPORTANT FEATURES OF YOUR PLAN. THIS IS NOT THE INSURANCE CONTRACT. YOUR FULL RIGHTS AND BENEFITS ARE EXPRESSED IN THE ACTUAL PLAN DOCUMENTS THAT ARE AVAILABLE TO YOU UPON YOUR REQUEST TO US. For costs and complete details of coverage, please contact NMRHCA or Delta Dental of New Mexico. Policy forms: 119Basic, 119Comp, 135. Premium will vary by plan type. Limitations and exclusions apply. Conditions for renewability, cancellation, and termination apply.