PPONew Mexico
Summary of Dental Plan Benefits
For Group #11578-0001
NMRHCA – Basic Plan

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: $1,500 per person total per Benefit Period

Covered Services	**In New Mexico:** PPONew Mexico Provider **Outside New Mexico:** Delta Dental PPO℠ Provider	**Delta Dental Premier® or Non-Participating Provider***
	You Pay	You Pay*
Diagnostic and Preventive Services		
Diagnostic and Preventive Services – exams, cleanings, topical fluoride, and space maintainers	No Charge	75%
Emergency Palliative Treatment – to temporarily relieve pain	No Charge	75%
Sealants – to prevent decay of permanent teeth	No Charge	75%
Brush Biopsy – to detect oral cancer	No Charge	75%
Radiographs – images	No Charge	75%
Basic Services		
Minor Restorative Services – fillings and crown repair	20%	75%
Endodontic Services – root canals	20%	75%
Non-Surgical Periodontic Services – non-surgical services to treat gum disease	20%	75%
Simple Extractions – non-surgical removal of teeth	20%	75%
Other Basic Services – misc. services	20%	75%
Adjustments and Repairs – to dentures and bridges	20%	75%
Other Basic Services – misc. services	20%	75%
TMD Treatment – Medically Necessary treatment of Temporomandibular Joint Disorder, including diagnostic imaging	50%	50%

**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."*

- Three routine prophylaxes (cleanings), and or up to four periodontal maintenance, and scaling in the presence of generalized moderate or severe gingival inflammation are payable four per calendar year, not to exceed a total of four procedures in a calendar year.
- 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 lifetime for people up to age 19.
- 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 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.
- Crowns over implants and their related services are not Covered Services.
- Non-surgical extractions are covered services.
- Medically Necessary TMD is a covered Benefit. Pre-Treatment Estimate required.

Additional Plan Information

Deductible: Does not apply to Diagnostic and Preventive Services, radiographic images, sealants, full mouth debridement, emergency palliative treatment, and consultations.

Maximum Benefit Amount: The Maximum Benefit Amount applies to all services.

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 on the first day of the month for which premium is applied for an enrolled member, subject to any additional requirements which may apply.

Benefits will cease on the last day of the month for which premium is paid for an enrolled member, subject to any additional requirements which may apply.

Special Benefit Provisions

None.

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℠ 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:	**In State:** 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:	**Out of State:** 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:	**In State:** PPONew Mexico Maximum Approved Fees **Out of State:** Delta Dental PPO Maximum Approved Fees
Provider May Balance Bill You?	**In State and Out of State:** Yes, up to the Delta Dental Premier Maximum Approved Fees
Description:	**In State:** 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. **Out of State:** 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. **You will pay more in Coinsurance when you visit a Delta Dental Premier Provider.**

Non-Participating Provider (Out-of-Network Option In/Outside of New Mexico)	
Participates with Delta Dental?	No
Out-of-Pocket Costs for This Plan:	Highest
Delta Dental Pays Up To:	**In State:** PPONew Mexico Maximum Approved Fees

	Out of State: Delta Dental PPO Maximum Approved Fees
Provider May Balance Bill You?	Yes, up to the Provider's Submitted Amount
Description:	**In State:** 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 Provider's Submitted Amount. **Out of State:** 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 Provider's Submitted Amount. 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.

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, for answers to questions about Benefits and claims.