

## Dental Benefits At-A-Glance

This is a highlight of the benefits only. Refer to your member certificate or group subscriber agreement for specific details, including limitations and exclusions.

		Delta Dental of New Mexico	
		Delta Preferred Option	Delta Dental Premier
Annual Benefit Maximum (per plan year)		\$1,500 per person	
Deductible		\$50 per person, \$150 family (lifetime max)	
Lifetime Orthodontic Benefit Maximum		\$1,200 per person	
<b>Diagnostic/Preventive</b>			
Routine cleanings/exams (2 per year)		Plan pays 100% no deductible applies <sup>1</sup>	Plan pays 80% no deductible applies <sup>1</sup>
Bitewing x-rays (2 per year)			
Fluoride treatment			
Sealants			
Emergency treatment for the relief of pain			
Full mouth x-rays (1 complete set every 5 years)			
<b>Basic</b>			
Fillings		Plan pays 85% subject to deductible <sup>2</sup>	Plan pays 85% subject to deductible <sup>2</sup>
Stainless steel crowns			
Root canal therapy			
Non-surgical and surgical periodontics			
Complex oral surgery			
General anesthesia (in conjunction with oral surgery)			
Prescription medications for dental related conditions			
<b>Major</b>			
Crowns (only when teeth cannot be restored with a filling)		Plan pays 50% subject to deductible <sup>3</sup>	Plan pays 50% subject to deductible <sup>3</sup>
Removable partial or complete dentures			
Fixed bridge			
<b>Orthodontic</b>			
Diagnostic, active and retention treatment for adults and children		Plan pays 50%	Plan pays 50%

<sup>1</sup> Topical fluoride through age 18, twice in a calendar year. Sealants through age 16; permanent molars only; 3 year limitation.

<sup>2</sup> (2 per year) for routine cleanings / exams means twice in a calendar year.

<sup>3</sup> Amalgam fillings on anterior or posterior teeth; composite resin fillings for anterior teeth only. Stainless steel crowns for primary teeth. Endodontics coverage includes pulp therapy and root canal filling. General Anesthesia and intravenous sedation are eligible expenses when dentally necessary and administered by a licensed provider for a covered oral surgery procedure.

<sup>4</sup> Includes procedures for construction or repair of crowns, cast restorations, bridges, partials or complete dentures.

Note: benefit percentages shown above are based on the dentist's billed amount, subject to maximums per the applicable network fee schedule. Additional out-of-pocket costs will apply to non-network providers.