



## FOOTNOTED REFERENCES

1. For full coverage specifics, including frequencies, limitations and age restrictions, refer to the appropriate plan booklet.
2. James W. Little et al., Dental Management of the Medically Compromised Patient (St. Louis: Mosby, 2012).

Policy Forms: 150, 160, 151CORE, 151ENH, 171PPO POS, 154GRAD, 152, 161PPO, 161PPO POS, 250, 251. Limitations and exclusions apply. Conditions for renewability, cancellation, and termination apply. This flyer does not reflect all benefits, limitations, and exclusions, or provide complete coverage information. For costs and complete details of coverage, please contact Delta Dental of New Mexico.

**Delta Dental insurance plans are underwritten by Delta Dental Plan of New Mexico, Inc.**



## INDIVIDUAL & FAMILY DENTAL INSURANCE

301DV | 01 1121



## Take control of your overall health with the right dental plan

### Delta Dental PPO™ Plans

Members have access to a network of dentists who accept reduced fees for covered services, resulting in the lowest out-of-pocket costs.

### Delta Dental PPO™ Point of Service Plans

Offers both the Delta Dental PPO™ & Delta Dental Premier® networks in a single plan with no balance billing when using an in-network provider.



Did you know that more than 120 signs and symptoms of non-dental diseases can be detected through a routine oral exam.<sup>2</sup>

Be sure to visit your dentist regularly to ensure your oral health and overall health are being monitored and in good standing!

## 3 easy ways to get the insurance you need.

When you're ready to sign-up for dental insurance with Delta Dental, you have 3 easy ways to get it done.



ONLINE

Visit our website at [mysmilecoverage.com/nm](https://mysmilecoverage.com/nm)



PHONE

Call us toll-free at 800-971-4108  
8am - 4pm Mountain Time (MT)



MAIL

Download a paper application form

[DeltaDentalNM.com](https://DeltaDentalNM.com)

Complete the application and mail it to:

**Delta Dental of New Mexico**

Individual Product Unit

P.O. Box 1596

Indianapolis, IN 46206

## DENTAL PLAN BENEFITS - Coral & Turquoise Plans

Coverage Options	Coral Plan			Turquoise Plan		
	Year 1	Year 2	Year 3	Year 1	Year 2	Year 3
Plan Type	Delta Dental PPO™			Delta Dental PPO™ Point of Service		
Deductible (per person/per family per benefit year)	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150
Annual maximum (per person/per benefit year)	\$1,000	\$1,250	\$1,500	\$1,500	\$1,750	\$2,000
Delta Dental networks	Delta Dental PPO™/Delta Dental Premier®/Non-Participating Providers			Delta Dental PPO™/Delta Dental Premier®/Non-Participating Providers		
<b>Covered Dental Services<sup>1</sup></b>	<b>You Pay</b>			<b>You Pay</b>		
<b>Diagnostic &amp; preventive services</b> (no deductible)						
<ul style="list-style-type: none"> <li>Exams – 2 per benefit year</li> <li>Cleanings – 2 per benefit year</li> <li>Bitewing X-rays – 1 per benefit year</li> <li>Full-mouth/panoramic X-rays – 1 per 60 months</li> <li>Fluoride treatment</li> <li>Space maintainers</li> <li>Sealants</li> </ul>	20%	10%	0%	0%	0%	0%
<b>Basic services</b> (deductible applies)						
<ul style="list-style-type: none"> <li>Periodontal maintenance – 2 per benefit year; interchangeable with routine cleaning</li> <li>Simple extractions</li> <li>Fillings</li> </ul>	70%	60%	50%	60%	40%	20%
<b>Major services</b> (deductible applies)						
<ul style="list-style-type: none"> <li>Gum disease treatment</li> <li>Root canals</li> <li>Surgical extractions</li> <li>General anesthesia</li> <li>Denture relines, rebases and adjustments</li> <li>Repairs to crowns, dentures and bridges</li> <li>Implants</li> <li>Crowns – 1 per 60 months</li> <li>Complete and partial dentures</li> <li>Bridges</li> </ul>	70%	60%	50%	70%	60%	50%
<b>NO WAITING PERIODS</b>						

## DENTAL PLAN BENEFITS - Core & Enhanced Plans

Coverage Options	Core Plan	Enhanced Plan		Waiting Periods
	Plan type	Delta Dental PPO™	Delta Dental PPO™ Point of Service	
Deductible (per person/per family per benefit year)	\$50/\$150	\$50/\$150		
Annual maximum (per person/per benefit year)	\$1,000	\$1,000		
Delta Dental networks	Delta Dental PPO™/Delta Dental Premier®/Non-Participating Providers	Delta Dental PPO™	Delta Dental Premier®/Non-Participating Providers	
<b>Covered Dental Services<sup>1</sup></b>	<b>You Pay</b>	<b>You Pay</b>	<b>You Pay</b>	<b>You Wait</b>
<b>Diagnostic &amp; preventive services</b> (no deductible)				
<ul style="list-style-type: none"> <li>Exams – 2 per benefit year</li> <li>Cleanings – 2 per benefit year</li> <li>Bitewing X-rays – 1 per benefit year</li> <li>Full-mouth/panoramic X-rays – 1 per 60 months</li> <li>Fluoride treatment</li> <li>Space maintainers</li> <li>Sealants</li> </ul>	50%	No charge	20%	None
<b>Basic services</b> (deductible applies)				
<ul style="list-style-type: none"> <li>Fillings</li> <li>Crown repairs</li> <li>Relines and repairs – to bridges and dentures</li> </ul>	50%	20%	40%	6 months
<ul style="list-style-type: none"> <li>Periodontal maintenance – 2 per benefit year; interchangeable with routine cleaning</li> </ul>	50%	50%	50%	6 months
<b>Major services</b> (deductible applies)				
<ul style="list-style-type: none"> <li>Gum disease treatment</li> <li>Root canals</li> <li>Surgical extractions</li> <li>General anesthesia</li> <li>Crowns – 1 per 60 months</li> <li>Complete and partial dentures</li> <li>Bridges</li> </ul>	50%	50%	50%	12 months
<b>NO WAITING PERIODS ON DIAGNOSTIC &amp; PREVENTIVE SERVICES</b>				

### MONTHLY PREMIUMS

Rates are valid through 12/2024



Coral Plan		Turquoise Plan	
Individual	\$35.35	Individual	\$53.19
Individual + 1	\$67.86	Individual + 1	\$102.11
Family	\$116.29	Family	\$174.99

### MONTHLY PREMIUMS

Rates are valid through 12/2024



Core Plan		Enhanced Plan	
Individual	\$27.72	Individual	\$42.07
Individual + 1	\$52.94	Individual + 1	\$80.61
Family	\$86.79	Family	\$134.24