

Footnoted References

¹Delta Dental Virtual Visits are only available to Delta Dental of New Mexico members whose plans include coverage for oral exams.

²This service supplements your current plan coverage and should be used after business hours, holidays and weekends, or when your regular dentist is unavailable. A virtual visit delivered by Teledentistry.com is counted as a problem-focused examination (D0140) under your plan and does not count as one of your regular preventive oral exams.

³The TeleDentistry.com dentist cannot prescribe controlled substances or write international prescriptions. E-prescriptions are not available internationally.

Policy Forms - Dental: 152, 170, 158CLE, 157FF, 156CLASS, and 155PREV. Limitations and exclusions apply. Conditions for renewability, cancellation and termination apply. This brochure 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.



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

Delta Dental of New Mexico



2025

Individual & Family Dental Insurance Plans

Delta Dental of New Mexico

- **CHILDREN, INDIVIDUALS & FAMILIES**
Affordable, comprehensive coverage for you and your entire family.
- **RETIREES**
More benefits, larger network & more coverage than you'll find in traditional Medicare plans.
- **SELF-EMPLOYED**
Get similar benefits to those offered through popular employer plans.



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

Delta Dental Plan of New Mexico

2024-106-DDNM-MKT



Smile More!

Stay in-network and save.



Introducing Delta Dental Virtual Visits!

Emergencies happen at the most inconvenient times, like when you're traveling and don't have access to your regular dentist. Access to Delta Dental Virtual Visits delivered by TeleDentistry.com is a covered benefit in all of our dental plans.^{1,2,3}

Use Delta Dental Virtual Visits when:

- You have a dental emergency and you do not have a dentist.
- You need access to a dentist after hours and your dentist is not available.
- You would like to consult with a dentist without leaving home or while traveling.
- You would like help scheduling a local, in-person dental appointment.

How does a virtual visit work? A TeleDentistry.com dentist will provide an initial consultation, and can write prescriptions³ when appropriate. If additional dental care is needed, **TeleDentistry.com will refer you to a Delta Dental network dentist for definitive diagnosis and treatment.**

Your dentist will also receive notes on your consultation with TeleDentistry.com for further treatment. **It's that easy!**

As a **Delta Dental PPO Plus Premier™ plan** member, you and your family members may visit any licensed Delta Dental provider. However, you will likely save the most money & receive the highest level of coverage when you visit a **Delta Dental PPO™ provider**.

See how the **Delta Dental PPO Plus Premier™ plan** gives you more options while keeping your costs as low as possible!

The Power of Two Networks

Delta Dental PPO™ Network

- Office locations in New Mexico and nationwide
- Provides maximum cost savings for members
- No balance billing* and no paperwork to file

Delta Dental Premier® Network

- Office locations in New Mexico and nationwide
- Provides additional access at increased cost
- No balance billing* and no paperwork to file

Out-of -Network

- May need to file your own claims
- May be balance billed*
- No discounts

***What is balance billing?**

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

To find a provider or to see if your current provider is in the network, visit our website at [DeltaDentalNM.com](https://www.DeltaDentalNM.com) and use the **Find a Dentist** search tool.



Serving New Mexico
Since 1971.

EXPERIENCE

For over 54 years, Delta Dental of New Mexico has served the oral and overall health needs of New Mexico communities large and small. We are your local, New Mexico Non-Profit, Stand-Alone Dental Plan.

LOCAL CUSTOMER SERVICE

Our Albuquerque-based customer service team lives and works in New Mexico and are available to answer questions about your dental insurance, claims submissions, payment procedures, changes in your contact information or other concerns.

COMMUNITY GIVING

Delta Dental of New Mexico supports a variety of organizations and charities across New Mexico with the goal of building healthier, happier communities for all New Mexicans!



We've got you & your
family **covered.**

Why choose Delta Dental for your individual & family dental coverage?

We're passionate about people and oral health. Having a good dental benefits plan not only helps promote a healthy smile, but it can greatly improve you and your families overall health.

When you are ready to sign-up for dental insurance with Delta Dental of New Mexico, you have 3 easy ways to get it done.



Visit our website at
mysmilecoverage.com/nm



Call 1-800-971-4108
8am - 4pm Mountain Time (MST)



Contact your insurance agent/broker
for additional plan information.

DELTA DENTAL[®]

Serving New Mexico
Since 1971.

DeltaDentalNM.com



Clean 13

— Children's Dental Benefit for 0-13 Years —

Every Child Needs to See the Dentist! Tooth decay can cause a child serious pain, making it hard to eat, sleep and pay attention in school. Make sure your child sees a dentist twice a year to help their teeth grow healthy and strong. Great dental care habits like brushing and flossing start at home, but your child's teeth need to be examined by a dentist – even before they've all come in!

Coverage Options	Delta Clean 13	
Eligibility Restrictions	Children Only 0-13 Years	
Deductible (Per Person/Per Family Per Benefit Year)	No Deductible	
Annual Maximum (Per Person/Per Benefit Year)	\$1,000	
Evidence Based Dentistry (EBD)	Included in Plan	
Delta Dental Network	In-Network	Out-of-Network
Covered Dental Services	You Pay	
Diagnostic and Preventive Services (Not Subject to Deductible - No Waiting Period)		
Exams - 2 Per Plan Year	0%	50%
Cleanings - 2 Per Plan Year	0%	50%
Bitewing X-Rays - 1 Per Plan Year	0%	50%
Debridement - 1 Per Lifetime	0%	50%
Sealants	0%	50%
Flouride	0%	50%
Basic Services (Not Subject to Deductible - No Waiting Period)		
Space Maintainers	0%	50%
Stainless Steel Crowns	0%	50%
Pulpotomy	0%	50%
Fillings	0%	50%
Simple Extractions	0%	50%

Major Services & Orthodontics
NOT COVERED IN PLAN



ANNUAL MAXIMUM
 The Clean 13 plan has an Annual Maximum of \$1,000.



DEDUCTIBLE
 The Clean 13 plan has NO deductible.

MONTHLY PREMIUM PER CHILD
 \$48.37 per month

SMALL BITES

-  **DO** clean your baby's gums and teeth from birth.
-  **DO** take your child to the dentist by age 1 or 6-months after the first tooth comes in.
-  **DON'T** wash a pacifier with your own mouth.
-  **DON'T** give milk, juice or other sugary drinks at naptime or bedtime.

SMALL BITES

- 7** **DO** take your child to the orthodontist by age 7.
-  **DO** supervise your child's brushing until age 8 and flossing until age 10.
-  **DO** discuss sealants with your child's dentist as the permanent molars come in.
-  **DON'T** forget that healthy meals and snacks are the key to good oral health.

Individual & Family Dental Plan Benefits

Coverage Options	Delta Preventive		Delta Classic	
Deductible (Per Person/Per Family Per Benefit Year)	\$50/\$150		\$50/\$150	
Annual Maximum (Per Person/Per Benefit Year)	\$1,000		\$1,500	
Evidence Based Dentistry (EBD)	Included in Plan		Included in Plan	
Delta Dental Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Covered Dental Services	You Pay		You Pay	
Diagnostic and Preventive Services (Not Subject to Deductible - No Waiting Period)				
Exams - 2 Per Benefit Year	0%	50%	0%	50%
Cleanings - 2 Per Benefit Year	0%	50%	0%	50%
Bitewing X-Rays - 1 Per Benefit Year	0%	50%	0%	50%
Full-Mouth/Panoramic X-Rays - 1 Per 60 Months	0%	50%	0%	50%
Fluoride Treatment	0%	50%	0%	50%
Sealants	0%	50%	0%	50%
Basic Services (Deductible Applies - No Waiting Period)				
Space Maintainers	50%	75%	50%	75%
Periodontal Maintenance - 2 Per Benefit Year; Interchangeable With Routine Cleaning	50%	75%	50%	75%
Simple Extractions	50%	75%	50%	75%
Fillings	50%	75%	50%	75%
Major Services (Deductible Applies - 9 Month Waiting Period)				
Gum Disease Treatment	100%	100%	75%	75%
Root Canals	100%	100%	75%	75%
Surgical Extractions	100%	100%	75%	75%
General Anesthesia	100%	100%	75%	75%
Denture Relines, Rebases and Adjustments	100%	100%	75%	75%
Repairs to Crowns, Dentures and Bridges	100%	100%	75%	75%
Implants	100%	100%	75%	75%
Crowns - 1 Per 60 Months	100%	100%	75%	75%
Complete and Partial Dentures	100%	100%	75%	75%
Bridges	100%	100%	75%	75%
Orthodontic Services (Not Subject to Deductible - 12 Month Waiting Period)				
Braces	100%	100%	50%	100%
Child Only or Child/Adult	100%	100%	50%	100%
Lifetime Maximum	N/A	N/A	\$2,000	
Benefit Waiting Period	None	None	12 Months	12 Months

Monthly
Premiums

Rates are valid through 12/2025



Delta Preventive	
Individual	\$28.73
Individual +1	\$56.57
Family	\$120.92

Delta Classic	
Individual	\$41.16
Individual +1	\$82.33
Family	\$181.60

Individual & Family Dental Plan Benefits

Coverage Options		Delta Family Flex	
Deductible (Per Person/Per Family Per Benefit Year)	\$150		
Annual Maximum (Per Person/Per Benefit Year)	\$3,000 (shared)		
Evidence Based Dentistry (EBD)	Included in Plan		
Delta Dental Network	In-Network	Out-of-Network	
Covered Dental Services		You Pay	
Diagnostic and Preventive Services (Not Subject to Deductible - No Waiting Period)			
Exams - 2 Per Benefit Year	0%	50%	
Cleanings - 2 Per Benefit Year	0%	50%	
Bitewing X-Rays - 1 Per Benefit Year	0%	50%	
Full-Mouth/Panoramic X-Rays - 1 Per 60 Months	0%	50%	
Fluoride Treatment	0%	50%	
Sealants	0%	50%	
Basic Services (Deductible Applies - No Waiting Period)			
Space Maintainers	20%	50%	
Periodontal Maintenance - 2 Per Benefit Year; Interchangeable With Routine Cleaning	20%	50%	
Simple Extractions	20%	50%	
Fillings	20%	50%	
Major Services (Deductible Applies - 9 Month Waiting Period)			
Gum Disease Treatment	50%	75%	
Root Canals	50%	75%	
Surgical Extractions	50%	75%	
General Anesthesia	50%	75%	
Denture Relines, Rebases and Adjustments	50%	75%	
Repairs to Crowns, Dentures and Bridges	50%	75%	
Implants	50%	75%	
Crowns - 1 Per 60 Months	50%	75%	
Complete and Partial Dentures	50%	75%	
Bridges	50%	75%	
Orthodontic Services (Not Subject to Deductible - 12 Month Waiting Period)			
Braces	50%	100%	
Child Only or Child/Adult	50%	100%	
Lifetime Maximum	\$2,000		
Benefit Waiting Period	12 Months	12 Months	

**Monthly
Premiums**

Rates are valid through 12/2025



Delta Family Flex	
Individual +1	\$113.33
Family	\$228.79