

**BenefitSource, Inc.**  
**High Option Benefit Summary**



This is an outline of Dental Insurance Coverage underwritten by Companion Life Insurance Company and administered by BenefitSource on behalf of Presbyterian Health Plan, Inc.

<b>Dental Plan 530-2021</b>	<b>You Pay:</b>	
	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Class I:</b> (Diagnostic/Preventive) • Oral Examinations • Cleanings • Fluoride Treatment • Space Maintainers • Sealants • Palliative Emergency Treatment • Dental X-rays • Panoramic X-rays	0%*	0% (MAC)*
<b>Class II:</b> (Basic) • Oral Surgery • Extractions • Restorations (Composite white and silver fillings) • Anesthesia (in conjunction with oral surgery)	20%*	20% (MAC)*
<b>Class III:</b> (Major)** • Crowns • Bridges • Dentures • Inlays • Other prosthetic services • Endodontic Services • Periodontal Services • Implants • TMJ Temporomandibular Joint	50%*	50% (MAC)*
<b>Covered Expenses..... Maximum Allowable Charge (MAC)</b> *Percentage of coverage is based on pre-negotiated fees.		
<b>Maximum Benefit</b> per contract year for all Class I, II and III expenses ..... <b>\$2,000 Per Person</b>		
<b>Deductible</b> applicable to Class II and III covered expenses..... <b>\$50 Per Person</b> Deductible is based on contract year with a maximum of three (3) deductibles per family (\$150)		
<b>2023 Monthly Premium</b>		
Employee	\$32.73	
Employee + Spouse	\$73.05	
Employee + Child(ren)	\$67.22	
Employee + Family	\$99.88	
<b>Limitations and Exclusions</b>		
<ul style="list-style-type: none"> <li>• Treatment for cosmetic purposes other than medically necessary procedures are not covered benefits.</li> <li>• Education, counseling, or training including supplies for nutrition, dental hygiene, or harmful habits are not covered benefits.</li> <li>• Major services have a five-year replacement period.</li> <li>• Please refer to your certificate of coverage for a complete list of limitations and exclusions.</li> </ul>		

This policy has additional exclusions and limitations. For costs and complete details of the coverage, call or write, your insurance agent or the company. The above provides only a brief description of your dental plan. Please refer to the policy for complete details including limitations and exclusions. For more information, please contact BenefitSource toll free at 1-888-862-8659. For information on Presbyterian Health Plan's Nondiscrimination Notice, go to <https://www.phs.org/Pages/nondiscrimination.aspx>.

Please visit our website at [www.benefitsource.org](http://www.benefitsource.org) for a current list of PPO providers in your area.  
 1804 Juan Tabo NE, Suite A, Albuquerque, NM 87112  
 Phone: (505) 237-1501 or 888-862-8659  
 Fax: (505) 237-8344