

Dental Insurance Benefit Summary

Dental Insurance Plan 530-2021 HIGH OPTION		YOU PAY	
		IN-NETWORK	OUT-OF-NETWORK
Class I: Diagnostic/Preventive Services • Oral Examinations • Cleanings • Flouride Treatment • Space Maintainers • Sealants • Palliative Emergency Treatment • Dental X-rays		0%	0% MAC*
Class II: Basic Services • Oral Surgery • Extractions • Restorations (composite white and silver fillings) • Anesthesia (in conjunction with oral surgery)		20%	20% MAC*
Class III: Major Services • Crowns • Bridges • Dentures • Inlays • Other Prosthetic Services • Endodontic Services • Periodontal Services • Implants		50%	50% MAC*
Covered Expenses *Percentage of coverage is based on pre-negotiated fees.		Maximum Allowable Charge (MAC)	
Maximum Benefit per contract year for all Class I, III and III expenses.		\$2,000 per person	
Deductible applicable to Class II and III covered expenses. <i>Deductible is based on contract year with a maximum of three (3) deductibles per family (\$150)</i>		\$50 per person	
2024 Monthly Premium			
Employee \$32.73	Employee plus Spouse \$73.05	Employee plus Child(ren \$67.22	Employee plus Family \$99.88

Rates effective 01/01/22

The above provides only a brief description of your dental insurance plan. Please refer to the policy for complete details including limitations and exclusions. For more information, please contact BenefitSource toll free at 888-862-8659.

Visit our website at **BenefitSource.org** for a current list of PPO providers in your area.



Marketed by BenefitSource, Inc.

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These benefits are provided by Policy Form No. 530-2021 NM.