

# DentalSource Dental Plan, Inc.

(hereinafter referred to as "DentalSource")

Presbyterian Health Plan and DentalSource have partnered to provide dental coverage to Presbyterian Small Employer Group Plan members.

This is a PPO Dental Plan, which means that members have lower out-of-pocket costs when obtaining dental care within the network. Members are also covered when obtaining dental care from non-participating providers.

- **Monthly cost.** As a member of Presbyterian Small Group Plans, the DentalSource dental plan is available for an additional monthly premium.
- **No charge for in-network preventive services.** Members are encouraged to obtain routine cleanings and x-rays to maintain their dental health. These services are not subject to the annual deductible.
- **Only a six-month waiting period for major services.** Members that need major services, such as crowns, bridges, prosthetics, root canals and gum treatment, will have benefits after six months from the effective date of coverage.
- **Takeover.** Employers who enroll in the Small Group Plan and currently provide group dental coverage will have a takeover benefit which eliminates the six-month waiting period on major services. This is provided to employees enrolled in the previous dental plan.
- **Low \$50 deductible per person, three per family.** This low deductible only applies once per contract year toward Class II-Basic (extractions, fillings, oral surgery), and Class III-Major (crowns, bridges, and dentures). There is no deductible for Class I-Diagnostic and Preventive Services.
- **Freedom to see any licensed dentist.** Out-of-pocket costs are lower when receiving in-network care. Members are still covered when using non-participating providers, but at a greater out-of-pocket cost.
- **More than 1,800 in-network dental providers throughout New Mexico.** For the most updated list of providers, visit our website, [www.dentalsourcenm.com](http://www.dentalsourcenm.com).
- **Local administrative service.** DentalSource has been serving New Mexicans for more than 20 years. Members can be confident in our commitment to the community.

*This plan is underwritten and administered by Companion Life Insurance Company, an A.M. Best rating A+ (Superior) rated company. Rating as of December 21, 2016. For latest rating, access [www.ambest.com](http://www.ambest.com). The rating represents an independent opinion from the leading provider of insurer ratings of a company's financial strength and ability to meet its obligations to policyholders.*



## Small Group Dental Coverage



DentalSource Dental Plan, Inc.  
Standard Option Benefit Summary

Dental Plan	You Pay:	
	In-Network	Out-of-Network
<b>Class I:</b> (Diagnostic/Preventive) • Oral Examinations • Cleanings • Fluoride Treatment • Space Maintainers • Sealants • Palliative Emergency Treatment • Dental X-rays	0%	10% (MAC)*
<b>Class II:</b> (Basic) • Oral Surgery • Extractions • Restorations (Fillings) • Anesthesia (in conjunction with oral surgery)	20%*	40% (MAC)*
<b>Class III:</b> (Major)** • Crowns • Bridges • Dentures • Inlays • Other prosthetic services • Endodontic Services • Periodontal Services	50%*	60% (MAC)*
<b>Covered Expenses</b> ..... <b>Maximum Allowable Charge (MAC)</b> *Percentage of coverage is based on pre-negotiated fees. **Class III (Major) services are subject to a six-month waiting period from the effective date of coverage. Members must be covered under the plan for six consecutive months in order to be eligible for Class III (Major) services. <b>Maximum Benefit</b> per contract year for all Class I, II and III expenses..... <b>\$1,200 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>2018 Monthly Premium</b>		
Employee	\$26.18	
Employee + Spouse	\$56.44	
Employee + Child(ren)	\$54.59	
Employee + Family	\$82.90	
<b>Limitations and Exclusions</b>		
<ul style="list-style-type: none"><li>• Treatment for cosmetic purposes or 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>• Pre-existing conditions and treatment in progress are excluded under this policy.</li><li>• Services must be performed by a licensed dentist.</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>		

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 DentalSource toll free at 1-888-862-8659.

Please visit our website at [www.dentalsourcenm.com](http://www.dentalsourcenm.com) 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

DentalSource Dental Plan, Inc.  
High Option Benefit Summary

Dental Plan	You Pay:	
	In-Network	Out-of-Network
<b>Class I:</b> (Diagnostic/Preventive) • Oral Examinations • Cleanings • Fluoride Treatment • Space Maintainers • Sealants • Palliative Emergency Treatment • Dental 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	50%*	50% (MAC)*
<b>Covered Expenses</b> ..... <b>Maximum Allowable Charge (MAC)</b> *Percentage of coverage is based on pre-negotiated fees. **Class III (Major) services are subject to a six-month waiting period from the effective date of coverage. Members must be covered under the plan for six consecutive months in order to be eligible for Class III (Major) services. <b>Maximum Benefit</b> per contract year for all Class I, II and III expenses..... <b>\$1,500 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>2018 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 or 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>• Pre-existing conditions and treatment in progress are excluded under this policy.</li><li>• Services must be performed by a licensed dentist.</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>		

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