

Dental Insurance Coverage

Oral health is an important part of overall health!

Presbyterian Health Plan and BenefitSource have partnered to provide dental coverage to all Presbyterian Individual and Family Plan members.

Standard Class Dental Plan is included!

- **Included at no additional cost.** All Presbyterian Individual Plan members automatically have access to preventive dental coverage at no cost.
- **Preventive care.** Coverage for dental bitewing x-rays, one comprehensive or periodic oral examination and one child or adult cleaning each calendar year.
- **No charge for in-network services.** Obtain routine cleaning and x-rays from an in-network provider and services are not subject coinsurance or deductibles.

Premium Plan

- **Additional cost.** As a member of Presbyterian Individual and Family Plans, the BenefitSource Premium Plan is available for an additional premium. *If elected, Premium Plan replaces the Standard Plan.*
- **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.
- **\$50 deductible per person, a maximum of three per family.** This deductible only applies once per calendar year toward Class II-Basic (extractions, fillings, oral surgery), and Class III-Major (crowns, bridges, and dentures).

The Standard Plan and Premium Plan Features:

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.

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 at www.BenefitSource.org

Local administrative service. BenefitSource has been serving New Mexicans for more than 20 years.

This plan is underwritten and administered by Companion Life Insurance Company, an A.M. Best rating A+ (Superior) rated company, rating as of December 18, 2018. For latest rating, access 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.



Summary of Benefits

Standard Class Dental Plan <i>Included at no additional cost</i>	You Pay:	
	In-Network	Out-of-Network
Preventive (each service 1 per calendar year per enrolled member) <ul style="list-style-type: none"> • Comprehensive or Periodic Oral Examination • Child or Adult prophylaxis cleaning • Bitewing X-Rays (4 films) 	0%	20% (MAC)*

Premium Dental Plan	You Pay:	
	In-Network	Out-of-Network
Class I: (Preventive Care) • Oral Examinations • 2nd Cleaning • Fluoride Treatment • Space Maintainers • Sealants • Palliative Emergency Treatment • Dental X-rays	0%	20% (MAC)*
Class II: (Basic) • Oral Surgery • Extractions • Restorations (Fillings) • Anesthesia (in conjunction with oral surgery)	20%* (MAC)*	50%* (MAC)*
Class III: (Major)** Crowns • Bridges • Dentures • Inlays • Partial Dentures Other prosthetic Services • Endodontic Services • Periodontal Services	50%* (MAC)*	75% (MAC)*

- **Maximum Allowable Charge (MAC)*** - This PPO Plan will pay the applicable percentage of the contracted rate as determined by the PPO agreement between BenefitSource and the Preferred Provider.
- **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.
- **Maximum Benefit** per calendar year for all Class I, II and III expenses.....\$1,000 per person
- **Deductible** applicable to Class II and III covered expenses..... \$50 per person
 Deductible is based on calendar year with a maximum of three (3) deductibles per family (\$150)

Monthly Premium	
Single	\$18.15
Two Enrolled	\$35.05
Three or More Enrolled	\$59.17

Limitations
Covered Expenses will not include and no benefits will be payable: 1) for any procedure not listed in the List of Covered Dental Expense Procedures; 2) for any procedure performed more frequently than once per Calendar Year; 3) for any procedure begun before the policy owner was covered under this section; 4) for any procedure begun after the policy owner's insurance under this section terminates; 5) for education or training in, and supplies used for, dietary or nutritional counseling, personal oral hygiene or dental plaque control; 6) for the completion of claim forms; 7) for charges for which the policy owner is not liable or which would not have been made had no insurance been in force; 8) for services which are not recommended by a dentist or which are not required for necessary care and treatment; 9) to a policy owner if payment is not legal where the policy owner is living when expenses are incurred; 10) Any services related to: equilibration; bite registration or bite analysis.

Presbyterian Health Plan is the medical carrier that markets these dental plans. BenefitSource Inc. owns the dental network and provides administration. Companion Life Insurance Company underwrites the dental plans. The above provides only a brief description of your dental plan. Please refer to the policy Form 535 INDV NM for complete details including limitations and exclusions. For more information, please contact BenefitSource toll-free at 1-888-862-8659.

For a current list of PPO providers, please visit our website at www.BenefitSource.org.

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