

Dental Insurance Benefit Summary

DENTAL ESSENTIALS		YOU PAY	
		IN-NETWORK	OUT-OF-NETWORK
Class I: Diagnostic/Preventive Services • Oral Examinations • Cleanings • Fluoride Treatment • Space Maintainers • Sealants • Palliative Emergency Treatment • Dental X-rays		0%	0%
Class II: Basic Services • Oral Surgery • Extractions • Restorations (composite white and silver fillings) • Anesthesia (in conjunction with oral surgery) • Endodontic Services • Periodontal Services		20%	20%
Class III: Major Services • Crowns • Bridges • Dentures • Inlays • Other Prosthetic Services • Implants		50%	50%
Covered Expenses		Percentage of coverage is paid at the pre-negotiated fees.	Percentage of coverage is paid based on the 90 th percentile usual and customary rates (UCR)
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	
2022 - 2023 Monthly Premium			
4 Tier			
Employee \$ 34.28	Employee plus Spouse \$ 67.69	Employee plus Child(ren) \$ 77.84	Employee plus Family \$ 111.66
3 Tier			
Employee \$ 34.28	Employee plus One \$ 66.85	Employee plus Family \$ 105.50	
2 Tier			
Employee \$ 34.28	Employee plus Family \$ 86.41		

Rates effective 10/01/22

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](https://www.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.