

BlueCross BlueShield PPO Dental Benefits	Low Plan		High Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Calendar Year Benefit Maximum</b> (In and out of network benefit maximum amounts cannot be combined)	\$1,500		\$1,500	\$1,000
<b>Calendar Year Deductible</b>	\$50 Individual \$150 Family		\$50 Individual \$150 Family	
Benefit Category	In-network You Pay	Out-of-Network *You Pay	In-network You Pay	Out-of-Network *You Pay
<b>CLASS 1 Preventive Services</b> Exams (2 per calendar year) Prophylaxis/routine cleanings (2 per calendar year) X-rays: Full-Mouth/ Panoramic (once per 5 years) Bitewing x-rays (twice per calendar year) Sealants (up to age 16) Fluoride applications Space Maintainers Periodontal Maintenance (2 per calendar year) Palliative Emergency Treatment <b>No Deductible Applies</b>	No Charge	75% of Allowed Amount	No Charge	0% of Allowed Amount
<b>CLASS 2 Basic Services</b> Amalgam & Composite Fillings Simple Extractions Scaling & Root Planning Full Mouth Debridement Non-Surgical Periodontal Services Repairs to Crowns, Onlays, Inlays, Dentures and Bridges Endodontic (root canal) Deep Sedation/General Anesthesia <b>Deductible Applies</b>	20%	75% of Allowed Amount	20%	45% of Allowed Amount
Oral Surgery including Surgical Extractions Surgical Periodontics <b>Deductible Applies</b>	100% Not Covered		20%	45% of Allowed Amount
<b>CLASS 3 Major Services</b> Bridges & Dentures Implants & implant related services Crowns, Inlays, Onlays <b>Deductible Applies</b>	100% Not Covered		50%	65% of Allowed Amount
<b>Orthodontic Services</b> Orthodontic Treatment <b>No Deductible Applies</b>			50%	50% of Allowed Amount
Coverage for: Adults (Employee/Spouse) Dependent Children (up to age 26)	100% Not Covered		\$1,500	\$500
Orthodontic Lifetime Maximum Benefit per Participant (In and out-of-network lifetime maximums cannot be combined)				

\* Selecting a non-participating provider may result in higher out-of-pocket expenses, even when there is no change in benefit level between in-network and out-of-network benefits. Non-Contracting Providers have not entered into a contract with BCBSNM to accept any Allowable Amount determination as payment in full for Eligible Dental Expenses. You will be financially responsible for balance billed amounts or amounts that exceed the non-participating provider's reimbursement.

**Additional Features:**

**Enhanced Dental Benefit**

If you have heart disease, pre-diabetes, diabetes or are pregnant, the Enhanced Benefit program offers an additional one of the following after your regular benefits have been used:

- Routine cleaning
- Periodontal maintenance cleaning
- Periodontal scaling and root planning