

New Mexico State University Retirees – PPO Dental Plan

BlueCross BlueShield of New Mexico

Effective: 1/1/2023 - 12/31/2023

The following is a listing of common services available through your BlueCare Dental network. The member's share of the cost is determined by care being received from a contracting or non-contracting provider.

This information only provides highlights of this program. Please refer to the BlueCare Dental Certificate for additional benefit information.

DENTAL BENEFIT HIGHLIGHTS

Program Basics	Contracting Provider*	Non-Contracting Provider* UCR 90 th		
Maximum Per Participant / Calendar Year	\$1,000	\$1,000		
Calendar Year Deductible	\$50 Individual \$150 Family	\$50 Individual \$150 Family		
Three Month Deductible Carryover Applies	No			
Services				
Diagnostic Services (Deductible Waived) Periodic oral evaluations Problem focused oral evaluations Comprehensive oral evaluations	100%	100%		
Preventive Services (Deductible Waived) Prophylaxis (cleanings) Topical fluoride applications	100%	100%		
Diagnostic Radiographs (Deductible Waived) Full-mouth and panoramic films Bitewing films Periapical films	100%	100%		
Miscellaneous Preventive Services (Deductible Waived) Sealants Space Maintainers	80%	80%		
Basic Restorative Dental Services Amalgams Resin-based composite restorations	80%	80%		
Non-Surgical Extractions Removal of retained coronal remnants Removal of erupted tooth or exposed root	80%	80%		
Non-Surgical Periodontal Services Periodontal scaling and root planing Full-mouth debridement Periodontal maintenance procedures	50%	50%		
Adjunctive Services Palliative treatment (emergency) Deep sedation/general anesthesia	50%	50%		
Endodontic Services Therapeutic pulpotomy and pulpal debridement Root canal therapy Apexification / recalcification	50%	50%		
Oral Surgery Services Surgical tooth extractions Alveoloplasty and vestibuloplasty Excision of benign odontogenic tumor/cyst Excision of bone tissue Incision and drainage of an intraoral abscess	50%	50%		

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Services (continued)	Contracting Provider*	Non-Contracting Provider* UCR 90th
Surgical Periodontal Services Gingivectomy or gingivoplasty and gingival flap procedures Clinical crown lengthening Osseous surgery Osseous grafts Soft tissue grafts/allografts Distal or proximal wedge procedure	50%	50%
Major Restorative Services Single crown restorations Inlay/onlay restorations Labial veneer restorations Crowns placed over implants	50%	50%
Prosthodontic Services Complete and removable partial dentures Denture reline/rebase procedures Fixed bridgework Prosthetics placed over implants	50%	50%
Miscellaneous Restorative and Prosthodontic Services Prefabricated crowns Recementations Post and core, pin retention and crown/bridge repairs Adjustments	50%	50%
Orthodontics	Not Covered	Not Covered

*Each time you need dental care, you can choose to:

	See a Contracting Provider		See a Non-Contracting Provider
•	Your out-of-pocket cost will generally be the least amount because BlueCare Providers have contracted to accept a lower Allowable Amount as payment in full for Eligible Dental Expenses You are not required to file claim forms You are not balance billed for costs exceeding the BCBSNM Allowable Amount for BlueCare Dentists	•	Your out-of-pocket cost may be greater because 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 are required to file claim forms You are balance billed for costs exceeding the BCBSNM Allowable Amount
		•	Non-contracting provider reimbursement UCR 90 th

EMPLOYEE INFORMATION

- This is a general summary of your benefit design. Please refer to your benefit booklet for other details and for limitations and exclusions.
- The following eligibility provisions apply:
 - Dependent children are covered to age 26. Disabled dependent children can be covered beyond age 26.
 - Open Enrollment employees and/or dependents not presently covered may enroll for dental 31 days prior to the anniversary date.
 - If you disenroll from the voluntary dental plan, you must wait 4 years before you can re-enroll only allowed during the Open Enrollment period.
- When the course of treatment will be in excess of \$300, a predetermination request should be submitted to BCBSNM in advance
 of treatment.