

## How Do I Receive Care?

Upon enrollment, you will receive a DentalSource membership ID card. To receive care, simply call your dentist for an appointment and present your dental plan ID card. When you receive care, simply pay the member fees listed on your fee schedule directly to the dental office. The fees are paid in full at each visit. Of course, there are no deductibles.

In case of a dental emergency, you should contact your DentalSource dentist directly. If your DentalSource dentist is unavailable for emergency care (palliative treatment to control pain, bleeding, or infection) you may obtain emergency care from any licensed dentist to prevent your dental health from being jeopardized. After your emergency has been temporized, please return to your DentalSource dentist for continuing treatment. In order to receive up to a \$20.00 reimbursement for emergency fees paid, DentalSource must receive a written request for reimbursement with receipts within 30 days of the date of the emergency service.

## Coordination Of Benefits

Other dental benefits and coverage the member may have will be considered as the primary coverage and will pay as if the Sandia plan coverage did not exist.

## Cancelling Appointments

If you fail to notify your dental office 24 hours before your scheduled appointment, and you do not keep your appointment, the dental office will charge a \$30.00 per hour missed appointment fee. Please try to keep all appointments. Broken appointments result in wasted time and increased costs.

## Dental Limitations/Exclusions

- Members who have met the twelve month participation requirement, who wish to terminate, must do so in writing. DentalSource must be notified by the 23rd of the month for the termination to take effect by the 1st of the following month.
- Dental emergency coverage provided outside of the participating dental offices is limited to \$20.00 per contract year.
- Visits to or services performed by a participating specialist will receive a percentage reduction (shown on the provider list) from the dentist's usual, customary and reasonable fees.
- Treatment that began prior to the Member's enrollment in the DentalSource Sandia Plan will not be covered.
- Temporomandibular joint treatment (TMJ).
- Dental services and procedures not specifically described in the Fee Schedule.
- Services which are of a degree of complexity as cannot be performed by the professionals within the DentalSource dental network.
- Demonstrated non-compliance with recommended course of treatment.
- Services which in the opinion of the participating dentist are not necessary for the patient's dental health.
- Cosmetic, elective or aesthetic dentistry, unless specifically included.

- Oral surgery requiring the setting of fractures or dislocations.
- Treatment of malignancies, cysts or neoplasms or congenital malformations.
- Dispensing of drugs not normally supplied in a dental office.
- Hospital benefits for any dental procedure.
- Loss or theft of dentures or bridgework.
- Any implantation or experimental procedures.
- Services for injuries or conditions which are covered under Worker's Compensation or Employer's Liability Laws.
- Services which are provided without cost to the member by any municipality, county or other political subdivision.
- Services that cannot be performed because of the general health or physical limitations of the patient.
- Periodontics, Endodontics, Pedodontics, Prosthodontics, and Oral Surgery requiring the services of a non-participating dentist.
- If the member relocates, coverage under this program ceases and it becomes the obligation of the patient/member to pay the usual and customary fee of the non-participating dentist at whose facility treatment is completed.
- Prophylaxis is limited to once every six months under code 1110.
- Denture relines are limited to two in any year.
- Member may be charged a fee to transfer records from one dental office to another.

## Orthodontic Limitations And Exclusions

- No benefits will apply for a treatment program which began before the member enrolled in the Sandia Plan.
- Membership with DentalSource must be continued throughout the treatment to maintain coverage and benefits.
- Specific member fees are outlined on the fee schedule for initial work-up and radiographs, extractions, and final records.
- No benefits will be paid for lost or broken appliances.
- Usual, customary and reasonable fees may be charged by the dentist for (a.) Care required in excess of twenty-four months from time of banding. (b.) Gross and consistent non-cooperation by the patient/member. (c.) Accidents occurring during the treatment period. (d.) Cases involving temporomandibular joint treatment.
- Cases involving (a.) Myofunctional therapy. (b.) Surgical orthodontics. (c.) Functional orthodontic appliances (i.e. rapid expanders). (d.) Phase I early treatment. These procedures will be provided at a 25% reduction from UCR.
- Growth and developmental abnormalities.
- If the member relocates, coverage under this program ceases and it becomes the obligation of the patient/member to pay the usual and customary fee of the non-participating dentist at whose facility treatment is completed.
- Change of dentist, after treatment begins or upon change of residence is limited to practitioners participating in this program or who accept outlined fees.
- Extractions are not included in the benefit. Additional fees are listed under "oral surgery" on the fee schedule.

# Sandia Plan

## What Is The Low Cost?

	<u>Monthly</u>	<u>Annual</u>
Subscriber Amount	\$5.68	\$59.00
Subscriber Plus One Dependent	\$10.20	\$114.00
Family	\$14.98	\$172.00

## DentalSource Sandia Dental Plan Advantages:

- No deductibles
- No claim forms
- No pre-enrollment exams
- No prior authorization required
- Pre-existing conditions covered
- No limits on the amount of benefits
- No waiting periods for dental benefits

The DentalSource Sandia Dental Plan is a cost effective alternative to dental insurance that provides our members significant savings on their dental care. DentalSource, who administers this dental plan, is a membership dental organization involving New Mexico dentists and consumers who are dedicated to quality dental care services. DentalSource encourages proper dental hygiene by promoting early detection and regular dental health maintenance.

## What Dental Services Are Covered?

As a member of the DentalSource Sandia Dental Plan, you receive special savings with DentalSource's guaranteed low, pre-set fees on virtually all types of dental work. You can save as much as 20% to 60% off most dental procedures. This dental plan provides reduced fees on preventive and comprehensive dental procedures and offers the complete care you deserve. Specialists are available for certain services. **Members who have services performed by a participating specialist will receive a percentage reduction (shown on the provider list) from the dentist's usual, customary and reasonable fees.** DentalSource members are responsible for appropriate taxes (gross receipts tax varies by county) due for dental services provided.

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# DentalSource



## Who Is Eligible?

You and your spouse are eligible, as are unmarried dependents up to age 25. Any child over age 25 will be covered if he or she is incapable of self-sustaining employment by reason of developmental or physical disability. Should you elect coverage for dependents with developmental or physical disabilities over the age of 25, please furnish proof of their disability status.

## Where Do I Obtain Services?

You select your dentist from the Sandia Participating Provider List. Every dentist selected to participate in our plan is a private practitioner who meets the strict qualification standards of DentalSource. Our participating dentists share our philosophy and join in our goal to assure members of the highest professional standards and best quality care possible.

There are no limits on the number of visits or amount of dental care you receive per year. DentalSource members may transfer from a dentist simply by contacting the DentalSource Member Services Department, **505-237-1501**, and indicate their new dentist selection. All transfer requests received during any given month will become effective the first day of the following month.

## How Do I Join?

1. Simply review the entire brochure and the Sandia Participating Provider List. Select a conveniently located dentist from the Sandia Provider List and determine the participating dentist number located next to their name. Complete and sign the attached Enrollment/Authorization Form and place the dentist number in the space marked "Dental Office Selected".
2. If your Enrollment/Authorization Form and payment are received at DentalSource by the 23rd of the month, your coverage will be effective the 1st day of the following month. Forms received after the 23rd of the month will be effective on the 1st day of the 2nd following month.
3. Mail your completed Enrollment/Authorization Form with the correct payment to DentalSource. A self addressed return envelope has been enclosed for your convenience.
4. **We require that you maintain your coverage for a full twelve (12) month period. Please note, as with all coverages, membership fees are non-refundable.**

By electing coverage through DentalSource you are agreeing to maintain coverage for a full 12 months.

**ADA Code / Procedure Name Member Pays Dentist**

**DIAGNOSTIC**

0120	periodic oral evaluation	\$29
0140	limited oral evaluation - problem focused	\$44
0150	comprehensive oral evaluation (new/established)	\$43
0180	comprehensive perio evaluation (new/established)	\$48
0210	intraoral complete series including bitewings	\$68
0220	intraoral periapical first film	\$16
0230	intraoral periapical - each additional film	\$16
0240	intraoral occlusal film	\$18
0250	extraoral-first film	\$19
0260	extraoral additional film	\$15
0270	bitewing single film	\$14
0272	bitewings two films	\$25
0273	bitewings three films	\$28
0274	bitewings four films	\$35
0322	tomographic survey	\$0
0330	panoramic film	\$65
0425	caries susceptibility tests	\$0
0460	pulp vitality tests	\$0
0470	diagnostic casts	\$0
0472	accession of tissue exam & prep	\$0
0473	accession of tissue micro exam	\$0
0474	accession of tissue micro exam, surgical margins	\$0
0480	processing/inter cyto smears	\$0
0502	other oral pathology, by report	\$0

**PREVENTIVE**

1110	prophylaxis adult (cleaning)	\$60
1120	prophylaxis child (cleaning)	\$42
1203	topical application of fluoride excl prophy-child	\$18
1204	topical application of fluoride excl prophy-adult	\$18
1205	topical application of fluoride incl prophy-adult	\$57
1310	nutritional counseling	\$0
1320	tobacco counseling	\$0
1330	oral hygiene instruction	\$0
1351	sealant per tooth	\$27
1510	space maintainer-fixed unilateral	\$140
1515	space maintainer-fixed bilateral	\$265
1520	space maintainer-removable unilateral	\$182
1525	space maintainer-removable bilateral	\$255
1550	recreationment of space maintainer	\$34
1999	additional prophylaxis - adult/child	\$65/\$46

**RESTORATIVE**

2140	amalgam 1 surface primary or permanent	\$76
2150	amalgam 2 surfaces primary or permanent	\$96
2160	amalgam 3 surfaces primary or permanent	\$119
2161	amalgam 4 or more surfaces primary or permanent	\$148
2330	resin 1 surface-anterior	\$91
2331	resin 2 surfaces-anterior	\$114
2332	resin 3 surfaces-anterior	\$140
2335	resin 4 or more surfaces incl incisal angle	\$161
2390	resin based composite crown, anterior	\$190
2391	resin 1 surface-posterior	\$101
2392	resin 2 surfaces-posterior	\$148
2393	resin 3 surfaces-posterior	\$179

\* The above fees apply only when treatment is performed at a general dental office. If the services of a network specialist in the areas of Endodontics, Periodontics, Prosthodontics, Oral Surgery or Pedodontics are required, these fees do not apply and member will receive a significant reduction from the specialist's usual, customary and reasonable fees (UCR) outlined in the Provider List. All member fees are taxable. Member fees apply only when treatment is performed at a general dental office. Specialist coverage is limited to areas where there is a network specialist. Please refer to the Sandia Provider List. cut here

5. Once you have met your 12 month participation requirement, if you wish to cancel your coverage, you must submit a written cancellation request. All written cancellation requests received by the 23rd of the month will become effective the first day of the following month. Any cancellation requests received after the 23rd will take effect on the 1st of the 2nd following month.

**Payment Options**

**ANNUAL PAYMENT**

- You may pay the entire annual membership fee by check, money order, MasterCard, Visa or Discover Cards

**MONTHLY BANK DRAFT**

- If you wish to pay the membership fee on a monthly basis, payment must be made by Monthly Electronic Fund

**ADA Code / Procedure Name Member Pays Dentist**

2394	resin 4 or more surfaces-posterior	\$202
2510	inlay metallic 1 surface	\$392
2520	inlay metallic 2 surfaces	\$432
2530	inlay metallic 3 surfaces	\$512
2542	onlay metallic 2 surfaces	\$636
2543	onlay metallic 3 surfaces	\$649
2544	onlay metallic 4 or more surfaces	\$690
2610	inlay porcelain/ceramic 1 surface	\$415
2620	inlay porcelain/ceramic 2 surfaces	\$480
2630	inlay porcelain/ceramic 3 surfaces	\$555
2642	onlay porcelain/ceramic 2 surfaces	\$686
2643	onlay porcelain/ceramic 3 surfaces	\$764
2644	onlay porcelain/ceramic 4 or more surfaces	\$788
2650	inlay composite/resin 1 surface	\$565
2651	inlay composite/resin 2 surfaces	\$575
2652	inlay composite/resin 3 or more surfaces	\$595
2662	onlay composite/resin 2 surfaces	\$622
2663	onlay composite/resin 3 surfaces	\$632
2664	onlay composite/resin 4 or more surfaces	\$668
2740	crown porcelain ceramic substrate	\$818
2750	crown porcelain fused high noble metal	\$765
2751	crown porcelain fused to predominantly base metal	\$629
2752	crown porcelain fused to noble metal	\$680
2780	3/4 cast high noble metal	\$722
2783	crown - 3/4 porcelain/ceramic	\$624
2790	crown full cast high noble metal	\$765
2791	crown full cast predominantly base metal	\$608
2792	crown full cast noble metal	\$672
2910	recrement inlay	\$48
2920	recrement crown	\$58
2930	prefabricated stainless steel crown primary	\$162
2931	prefabricated stainless steel crown permanent	\$190
2932	prefabricated resin crown	\$182
2933	prefabricated stainless steel crown resin face	\$181
2940	sedative filling	\$50
2950	core build-up including any pins	\$143
2951	pin retention per tooth in addition to restoration	\$24
2952	cast post and core in addition to crown	\$211
2954	prefabricated post & core in addition to crown	\$191
2960	labial veneer (resin laminate) chairside	\$268
2962	labial veneer (porcelain laminate) laboratory	\$699
2970	temporary crown (fractured tooth)	\$170
2980	repair crown by report	\$104

**\*ENDODONTICS**

3110	pulp cap direct (excluding final restoration)	\$46
3120	pulp cap indirect (excluding final restoration)	\$42
3220	pulpotomy (excluding final restoration)	\$92
3221	pulpal debridement primary or permanent	\$85
3230	pulpal therapy anterior primary tooth	\$155
3240	pulpal therapy posterior primary tooth	\$181
3310	root canal anterior (excluding final restoration)	\$404
3320	root canal bicuspid (excluding final restoration)	\$528
3330	root canal molar (excluding final restoration)	\$725
3410	apicoectomy/periradicular surgery - anterior	\$482

**ADA Code / Procedure Name Member Pays Dentist**

3421	apicoectomy/periradicular surgery bicuspid 1st root	\$507
3425	apicoectomy/periradicular surgery molar 1st root	\$598
3426	apicoectomy/periradicular each additional root	\$164
3430	retrograde filling-per root	\$144
3450	root amputation-per root	\$257
3920	hemisection incl root removal-excl root canal	\$248
3960	tooth bleaching (discolored)	\$56

**\*PERIODONTICS**

4210	gingivoplasty/gingivectomy 4 or more contiguous teeth	\$365
4211	gingivoplasty/gingivectomy 1 to 3 teeth per quad	\$222
4240	onlay root planing 4 or more contiguous teeth	\$405
4241	gingival flap incl root planing 1 to 3 teeth per quad	\$246
4249	clinical crown lengthening, hard & soft tissue	\$462
4260	osseous surg incl flap entry & clos 4 or more contiguous teeth	\$693
4261	osseous surg incl flap entry & clos 1 to 3 teeth per quad	\$410
4263	bone replacement graft single site	\$338
4270	pedicle soft tissue graft procedure	\$428
4271	free soft tissue graft includes donor site	\$582
4320	provisional splinting - intracoronal	\$248
4321	provisional splinting - extracoronal	\$272

**\*PERIODONTICS**

4341	root planing/perio scaling - 4 or more contiguous teeth	\$161
4342	root planing/perio scaling - 1 to 3 teeth per quad	\$98
4355	full mouth debridement to enable evaluation	\$86
4910	periodontal maintenance	\$78
4999	general procedures by report	\$18

**\*REMOVABLE PROSTHODONTICS**

5110	complete denture, upper	\$1012
5120	complete denture, lower	\$1012
5130	immediate denture, upper	\$1198
5140	immediate denture, lower	\$1198
5211	upper partial denture, resin w clasps rests teeth	\$682
5212	lower partial denture, resin w clasps rests & teeth	\$682
5213	maxillary partial denture - cast metal framework w resin denture bases (incl any conventional clasps, rests & teeth)	\$951
5214	mandibular partial denture - cast metal framework w resin denture bases (incl any conventional clasps, rests & teeth)	\$951
5225	maxillary partial denture-flexible base (incl. any clasps, rests, & teeth)	\$958
5226	mandibular partial denture-flexible base (incl. any clasps, rests, & teeth)	\$958
5281	removable unilateral partial denture, w pontic (nesbit)	\$553
5410	adjust complete denture upper	\$52
5411	adjust complete denture lower	\$52
5421	adjust partial denture upper	\$52
5422	adjust partial denture lower	\$52
5510	repair broken complete denture base	\$125
5520	replace missing/broken teeth, comp dent per tooth	\$125
5610	repair resin saddle or base	\$117
5620	repair cast framework	\$186
5630	repair or replace broken clasp	\$158
5640	replace broken teeth - per tooth	\$125
5650	add tooth to existing partial denture	\$114
5660	add clasp to existing partial denture	\$145

**ADA Code / Procedure Name Member Pays Dentist**

5710	rebase complete upper or lower denture	\$345
5720	rebase complete upper or lower partial denture	\$345
5730	reline complete upper or lower denture, chairside	\$190
5740	reline upper or lower partial denture chairside	\$178
5750	reline complete upper or lower denture, laboratory	\$290
5760	reline upper or lower partial denture laboratory	\$290
5810	temporary complete denture upper or lower	\$440
5820	temporary partial stayplate dent upper or lower (flipper)	\$400
5850	tissue conditioning upper or lower denture	\$77

**\*FIXED PROSTHODONTICS**

6210	pontic cast high noble metal	\$651
6211	pontic cast predominantly base metal	\$572
6212	pontic cast noble metal	\$625
6240	pontic porcelain fused to high noble metal	\$765
6241	pontic porcelain fused to predom base metal	\$629
6242	pontic porcelain fused to noble metal	\$680
6245	pontic porcelain substrate	\$685
6250	pontic resin with high noble metal	\$502
6251	pontic resin with predominantly base metal	\$370
6252	pontic resin with noble metal	\$437
6545	retainer cast metal for resin bonded fix prosthesis	\$316
6600	inlay porcelain/ceramic 2 surfaces	\$595
6601	inlay porcelain/ceramic 3 surfaces	\$620
6602	inlay cast high noble metal 2 surfaces	\$488
6603	inlay cast high noble metal 3 or more surfaces	\$535
6604	inlay cast predominantly base metal 2 surfaces	\$474
6605	inlay cast predominantly base metal 3 or more surfaces	\$510
6606	inlay cast noble metal 2 surfaces	\$488
6607	inlay cast noble metal 3 or more surfaces	\$518
6608	onlay porcelain/ceramic 2 surfaces	\$612
6609	onlay porcelain/ceramic 3 or more surfaces	\$629
6610	onlay cast high noble metal 2 surfaces	\$625
6611	onlay cast high noble metal 3 or more surfaces	\$649
6612	onlay cast predominantly base metal 2 surfaces	\$592
6613	onlay cast predominantly base metal 3 or more surfaces	\$638
6614	onlay cast noble metal 2 surfaces	\$595
6615	onlay cast noble metal 3 or more surfaces	\$647
6720	crown resin with high noble metal	\$549
6721	crown resin with predominantly base metal	\$521
6722	crown resin with noble metal	\$519
6750	crown porcelain fused to high noble metal	\$765
6751	crown porcelain fused to predom base metal	\$629
6752	crown porcelain fused to noble metal	\$680
6780	crown 3/4 cast high noble metal	\$699
6790	crown full cast high noble metal	\$738
6791	crown full cast predominantly base metal	\$602
6792	crown full cast noble metal	\$678
6930	recrement bridge	\$69
6940	stress breaker	\$221
6950	precision attachment	\$310
6970	cast post & core in addition bridge retainer	\$196
6972	prefabricated post & core in addition bridge retainer	\$168
6973	core build up for retainer incl pins	\$135
6980	bridge repair, by report	\$199

**ADA Code / Procedure Name Member Pays Dentist**

**\*ORAL SURGERY**

7111	coronal remnants, deciduous tooth	\$44
7140	extraction erupted tooth or exposed root	\$73
7210	surgical extraction of tooth - erupted	\$132
7220	removal of impacted tooth - soft tissue	\$152
7230	removal of impacted tooth - partial bony	\$228
7240	removal of impacted tooth - complete bony	\$240
7241	removal of impacted complete bony w complications	\$258
7250	surgical removal of residual root, cutting procedure	\$131
7270	tooth replantation &/or stabiliz. of evulsed/displaced	\$239
7280	surgical access of an unerupted tooth	\$257
7285	biopsy of oral tissue - hard (bone/tooth)	\$162
7286	biopsy of oral tissue - soft (all others)	\$153
7291	transseptal fiberotomy	\$78
7310	alveoplasty in conjunction w extractions-quad	\$132
7320	alveoplasty not in conjunction w extractions-quad	\$197
7510	incision & drainage of abscess, intraoral soft tissue	\$101
7520	incision & drainage of abscess, extraoral soft tissue	\$129
7910	suture of recent small wound up to 5 cm	\$79
7960	frenulectomy (frenectomy/frenotomy) - sep. procedure	\$207
7970	excision of hyperplastic tissue, per arch	\$202

**ORTHODONTICS**

8010	limited orthodontic treatment of the primary dentition	\$2006
8020	limited orthodontic treatment of the transitional dentition	\$2298
8030	limited orthodontic treatment of the adolescent dentition	\$2752
8040	limited orthodontic treatment of the adult dentition	\$3048
8050	interceptive orthodontic treatment of the primary dentition	\$2640
8060	interceptive orthodontic treatment of the transitional dentition	\$2835
8070	comprehensive orthodontic treatment of the transitional dentition	\$4898
8080	comprehensive orthodontic treatment of the adolescent dentition	\$5028
8090	comprehensive orthodontic treatment of the adult dentition	\$5555
8210	removable appliance therapy	\$705
8220	fixed appliance therapy	\$833
8670	periodic orthodontic treatment visit (as part of contract)	\$246
8680	orthodontic retention removal of appliances, construction & place	\$647
8690	orthodontic treatment (alternative billing to a contract fee)	\$150
8691	lost or broken headgear	\$96
8692	lost or irreparable retainer	\$194
8693	rebonding or recementing and/or repair, as required, of fixed retainer	\$150

**OTHER SERVICES**

9110	palliative emergency treatment of pain, minor	\$75
9215	local anesthesia	\$27
9220	deep sedation/general anesthesia first 30 minutes	\$220
9221	deep sedation/general anesthesia each add 15 minutes	\$60
9230	analgesia, anxiety, inhalation of nitrous oxide	\$29
9241	intravenous conscious sedation/analgesia - 1st 30 min.	\$199
9242	intravenous conscious sedation/analgesia - each add. 15 min.	\$75
9310	consultation	\$0
9410	office visit after regular hours	\$86
9940	application of desensitizing medication	\$0
9940	occlusal night guard	\$294
9951	occlusal adjustment limited	\$98
9952	occlusal adjustment complete	\$477
9972	bleaching (including trays) per arch	\$280
9988	missed appt. w/o 24 hr. notice - per hr. scheduled	\$30

<b>DentalSource</b>				<b>Sandia Purple Plan</b>		Coverage Effective Date	
Social Security Number		Last Name		First Name		Initial	
Birthday		Sex (Circle One) M F		Home Phone		Work Phone	
Home Address				City		State	
Zip		City		State		Zip	
LIST COVERED	DEPENDENTS BELOW	RELATIONSHIP	BIRTHDAY	M/F	E-mail Address	Dental Office Selected	
<b>PAYMENT CHOICE: Please check one</b> <input type="checkbox"/> Annual Payment <input type="checkbox"/> Check <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover							
Expiration Date				Credit Card #			
<input type="checkbox"/> Surepay Electronic Funds Transfer Payment. Please charge my bank account monthly. (To initiate this Bank Draft Option, please include the 1st months payment.)							
<input type="checkbox"/> Checking <input type="checkbox"/> Savings				Routing # _____			
Account # _____				Date _____			
1/1/10 <span style="float: right;">2002</span>							

Transfer. To initiate the Monthly Bank Draft option, complete the attached Enrollment/Authorization Form and provide a **check made out to DentalSource for the 1st months payment. In addition, please include a voided check from the bank you wish to have the membership fees drafted.** Each month your premium will be automatically drafted from your bank account between the 23rd and 28th of the month for the next month's coverage. No monthly checks, no postage, no statements. The Monthly Bank Draft option is reliable and automatic!

DentalSource will make reasonable efforts to collect unpaid premiums by sending written notice after the date that delinquent charges are due. Failure to pay any delinquent premiums will result in termination of coverage.

- The 12 month contract period is continuous and therefore does not allow for any lapse in coverage. Any additional charges to your account due to insufficient funds or overdraft fees will be the members responsibility and will not be refunded by DentalSource.