

*A Dental Plan for
Pueblo of Isleta*
Effective: January 1, 2011

DentalSource



<u>Dental Services</u>	DentalSource*	You Pay
	Pays	
Class I: (Diagnostic/Preventive)	100%	0%
• Oral Examinations • Cleanings • Fluoride Treatment		
• Space Maintainers • Sealants		
• Palliative Emergency Treatment • Dental X-rays		
Class II: (Basic)	80%	20%
• Oral Surgery • Extractions • Restorations (Fillings)		
• Anesthesia (in conjunction with oral surgery)		
• Endodontic Services • Periodontal Services		
Class III: (Major)	60%	40%
• Crowns • Bridges • Dentures • Inlays		
• Other prosthetic services and Implants		
Class IV: Orthodontic (braces)	50%	50%

Covered Expenses**Maximum Plan Reimbursement
Deductible.....\$25 Per Person
 Applicable to Class II and III covered expenses (waived for Class I & IV)
 Deductible is based on contract year with a maximum of three (3) deductibles per family (\$75)
Maximum Benefit.....\$1,500 Per Person
 Per contract year for all Class I, II and III expenses.
Lifetime Orthodontic Benefit Maximum ...for dependent child to age 19 only.....\$1,000

*Participating providers may not charge patients for amounts above the applicable DentalSource maximum approved fee.
 Non-participating dentists may charge up to their submitted fees; out-of-pocket costs may be significantly higher.

Limitations:

- Two or more employees must be enrolled.
- Children coverage up to age 26.
- Predetermination is recommended for Treatment Plans over \$300.
- The above provides only a brief description of your group insurance dental plan. Please refer to your Booklet-Certificate or Group Policy for complete details including limitations and exclusions.
- Generic Dental Claim Forms or Dental Office Super Bills are acceptable for dental claim filings. Eligible dental claims should be submitted to Total Dental Administrators, Inc. at the address listed below.
- ** Claims are paid at the Maximum Plan Reimbursement.

This summary of benefits is intended only to highlight benefit levels. It does not reflect all limitations or plan provisions and does not provide complete coverage information. Refer to your dental certificate booklet for other important eligibility and plan provisions and or call DentalSource or Total Dental Administrators (for claims questions).

Managed by: *DentalSource Dental Plan, Inc.*
 10800 Menaul Blvd. NE
 Albuquerque, NM 87112
 Ph: (505)237-1501 Fax: (505)237-8344
 Or 1-888-862-8659

Claims Administered By: *Total Dental Administrators*
 PO Box 44035
 Phoenix, AZ 85016
 Ph: (602)266-1995 Fax: (602)266-1948
 Or 1-888-422-1995



Underwritten By: *Companion Life Insurance Company – A.M. Best Rating A+ (Superior)*

