



Dental coverage is now available  
at a low monthly cost.



# DentalSource Dental Plan, Inc.

(hereinafter referred to as "DentalSource")

Presbyterian Health Plan and DentalSource have partnered to provide dental coverage to Presbyterian Individual and Family Plan members.

This is a PPO Dental Plan, which means that members have lower out-of-pocket costs when obtaining dental care within the network. Members are also covered when obtaining dental care from non-participating providers.

- **Monthly cost.** As a member of Presbyterian Individual and Family Plans, the DentalSource dental plan is available for an additional monthly premium.
- **No charge for in-network preventive services.** Members are encouraged to obtain routine cleanings and x-rays to maintain their dental health. These services are not subject to the annual deductible.
- **Only a six-month waiting period for major services.** Members that need major services, such as crowns, bridges, prosthetics, root canals and gum treatment, will have benefits after six months from the effective date of coverage.
- **Low \$50 deductible per person, three per family.** This low deductible only applies once per calendar year toward Class II-Basic (extractions, fillings, oral surgery), and Class III-Major (crowns, bridges, and dentures). There is no deductible for Class I-Diagnostic and Preventive Services.
- **Freedom to see any licensed dentist.** Out-of-pocket costs are lower when receiving in-network care. Members are still covered when using non-participating providers, but at a greater out-of-pocket cost.
- **More than 1,800 in-network dental providers throughout New Mexico.** For the most updated list of providers, visit our website, [www.dentalsourcenm.com](http://www.dentalsourcenm.com).
- **Local administrative service.** DentalSource has been serving New Mexicans for more than 20 years. Members can be confident in our commitment to the community.

*This plan is underwritten and administered by **Companion Life Insurance Company**, an A.M. Best rating A+ (Superior) rated company. Rating as of December 21, 2016. For latest rating, access [www.ambest.com](http://www.ambest.com). The rating represents an independent opinion from the leading provider of insurer ratings of a company's financial strength and ability to meet its obligations to policyholders.*

## DentalSource Dental Plan, Inc. 2018 Benefit Summary

Dental Plan	You Pay:	
	In-Network	Out-of-Network
<b>Class I:</b> (Diagnostic/Preventive) • Oral Examinations • Cleanings • Fluoride Treatment • Space Maintainers • Sealants • Palliative Emergency Treatment • Dental X-rays	0%	20% (MAC)*
<b>Class II:</b> (Basic) • Oral Surgery • Extractions • Restorations (Fillings) • Anesthesia (in conjunction with oral surgery)	20%*	50% (MAC)*
<b>Class III:</b> (Major)** • Crowns • Bridges • Dentures • Inlays • Other prosthetic services • Endodontic Services • Periodontal Services	50%*	75% (MAC)*
<b>Covered Expenses</b> ..... <b>Maximum Allowable Charge (MAC)</b> *Percentage of coverage is based on pre-negotiated fees. **Class III (Major) services are subject to a six-month waiting period from the effective date of coverage. Members must be covered under the plan for six consecutive months in order to be eligible for Class III (Major) services. <b>Maximum Benefit</b> per calendar year for all Class I, II and III expenses..... <b>\$1,000 Per Person</b> <b>Deductible</b> applicable to Class II and III covered expenses ..... <b>\$50 Per Person</b> Deductible is based on calendar year with a maximum of three (3) deductibles per family (\$150)		
2018 Monthly Premium		
Single	\$20.45	
Two Enrolled	\$39.69	
Three or More Enrolled	\$64.85	
Limitations and Exclusions		
<ul style="list-style-type: none"> <li>• Treatment for cosmetic purposes or medically necessary procedures are not covered benefits.</li> <li>• Education, counseling, or training including supplies for nutrition, dental hygiene, or harmful habits are not covered benefits.</li> <li>• Pre-existing conditions and treatment in progress are excluded under this policy.</li> <li>• Services must be performed by a licensed dentist.</li> <li>• Major services have a five-year replacement period.</li> <li>• Please refer to your certificate of coverage for a complete list of limitations and exclusions.</li> </ul>		

The above provides only a brief description of your dental plan. Please refer to the policy for complete details including limitations and exclusions. For more information, please contact DentalSource toll free at 1-888-862-8659.

Please visit our website at [www.dentalsourcenm.com](http://www.dentalsourcenm.com) for a current list of PPO providers in your area.

1804 Juan Tabo NE, Suite A, Albuquerque, NM 87112  
 Phone: (505) 237-1501 or 888-862-8659  
 Fax: (505) 237-8344

# DentalSource Dental Plan, Inc. Payment Authorization Form

Every person on your **Presbyterian Individual and Family Plan** will be enrolled on the **Dental Plan**

<p style="text-align: center;"><b>SUBMIT THIS FORM:</b> with your Presbyterian application</p>	<p style="text-align: center;"><b>SUBMIT THIS FORM BY FAX :</b> (505) 923-8252</p>	<p style="text-align: center;"><b>SUBMIT THIS FORM BY MAIL:</b> Presbyterian Health Plan P.O. Box 27489 Albuquerque, NM 87125-7489</p>
<b>Applicant Name</b>		
First Name:	Last Name:	Date of Birth:
Address (City, State and Zip):		Phone Number:
<b>Authorizations and Agreements</b>		
<p><b>FRAUD WARNING:</b> Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.</p> <p><b>I elect the dental coverage</b> selected for which I am eligible. I hereby apply for enrollment and agree to remain in the dental plan until my Presbyterian Health Plan, Inc. renewal, authorize the release of any information relating to dental care received under the plan, and to all terms and conditions set forth in the agreement.</p> <p><b>I hereby authorize</b> and request Presbyterian Health Plan, Inc. (PHP) to initiate withdrawal entries from the account(s) and the financial institution(s) on file with PHP. These withdrawals are for premium payments for the enrolled individuals listed on my PHP Individual and Family Plan. This authorization is to remain in effect until PHP and/or the financial institution(s) named above are notified in writing. If you do not select a payment option with PHP, you will get a bill each month.</p> <p><b>I have read this application,</b> agreed to the terms, and certify that all statements are true and complete. It is understood that provisions of the Dental Policy, including premiums therefore, may be amended or changed from time to time, upon written notice from Companion Life Insurance Company to the Policyholder.</p>		
Signature of PHP Applicant/Subscriber: X		Today's Date: