



Standard Class Dental Plan included
for Individual and Family Plan
members at no additional cost.

Premium Plan available for a low, monthly premium.



Dental Insurance Coverage

Oral health is an important part of overall health!

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

Standard Class Dental Plan is included!

- **Included at no additional cost.** All Presbyterian Individual Plan members automatically have access to preventive dental coverage at no cost.
- **Preventive care.** Coverage for dental bitewing x-rays, one comprehensive or periodic oral examination and one child or adult cleaning each calendar year.
- **No charge for in-network services.** Obtain routine cleaning and x-rays from an in-network provider and services are not subject coinsurance or deductibles.

Premium Plan

- **Low Monthly cost.** As a member of Presbyterian Individual and Family Plans, the BenefitSource Premium Plan is available for an additional monthly premium. *If elected, Premium Plan replaces the Standard Plan.*
- **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. *The waiting period for major services is satisfied for members who have been enrolled in the 2018 plan for 6 months or more.*
- **Low \$50 deductible per person, a maximum of 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).

The Standard Plan and Premium Plan Features:

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.

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 at www.BenefitSource.org

Local administrative service. BenefitSource 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 17, 2017. For latest rating, access 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.



Summary of Benefits

Standard Class Dental Plan <i>Included at no additional cost</i>	You Pay:	
	In-Network	Out-of-Network
Preventive (each service 1 per calendar year per enrolled member) <ul style="list-style-type: none"> • Comprehensive or Periodic Oral Examination • Child or Adult prophylaxis cleaning • Bitewing X-Rays (4 films) 	0%	20% (MAC)*

Premium Dental Plan	You Pay:	
	In-Network	Out-of-Network
Class I: (Preventive Care) • Oral Examinations • 2nd Cleaning • Fluoride Treatment • Space Maintainers • Sealants • Palliative Emergency Treatment • Dental X-rays	0%	20% (MAC)*
Class II: (Basic) • Oral Surgery • Extractions • Restorations (Fillings) • Anesthesia (in conjunction with oral surgery)	20%* (MAC)*	50%* (MAC)*
Class III: (Major)** Crowns • Bridges • Dentures • Inlays • Partial Dentures Other prosthetic Services • Endodontic Services • Periodontal Services	50%* (MAC)*	75% (MAC)*

- **Maximum Allowable Charge (MAC)*** - 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.
- **Maximum Benefit** per calendar year for all Class I, II and III expenses.....\$1,000 per person
- **Deductible** applicable to Class II and III covered expenses..... \$50 per person
Deductible is based on calendar year with a maximum of three (3) deductibles per family (\$150)

Monthly Premium	
Single	\$16.50
Two Enrolled	\$31.86
Three or More Enrolled	\$53.79

Limitations
<ul style="list-style-type: none"> • Services which are not recommended by a dentist or which are not required for necessary care and treatment. • Education or training in, and supplies used for dietary or nutritional counseling, personal oral hygiene, or dental plaque control. • For any procedure not listed in the List of Covered Dental Expense Procedures • For any procedure begun before the member was covered under this plan • Any services related to: equilibration; bite registration or bite analysis

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 BenefitSource toll free at 1-888-862-8659.

For a current list of PPO providers, please visit our website at www.BenefitSource.org.

1804 Juan Tabo NE, Suite A, Albuquerque, NM 87112
Phone: (505) 237-1501 or 1-888-862-8659 **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;">SUBMIT THIS FORM: with your Presbyterian application</p>	<p style="text-align: center;">SUBMIT THIS FORM BY FAX : (505) 923-8252</p>	<p style="text-align: center;">SUBMIT THIS FORM BY MAIL: Presbyterian Health Plan P.O. Box 27489 Albuquerque, NM 87125-7489</p>
Applicant Name		
First Name:	Last Name:	Date of Birth:
Address (City, State and Zip):		Phone Number:
Authorizations and Agreements		
<p>FRAUD WARNING: 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>I elect the dental coverage 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>I hereby authorize 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>I have read this application, 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: