

Delta Dental of New Mexico Base			
	In-Network	In-Network	Out-of-Network
	Delta DPPO Providers	Delta Premier Providers	Non-Participating Providers
Diagnostic & Preventive Services	100% (not subject to deductible)	100% (not subject to deductible)	100% (not subject to deductible)
Basic Services	80% Plan Pays	80% Plan Pays	55% Plan Pays
Major Services	60% Plan Pays	60% Plan Pays	35% Plan Pays
Annual Deductible (Ind/Family)	\$50 / \$150	\$50 / \$150	\$50 / \$150

Delta Dental of New Mexico Buy Up			
	In-Network	In-Network	Out-of-Network
	Delta DPPO Providers	Delta Premier Providers	Non-Participating Providers
Diagnostic & Preventive Services	100% (not subject to deductible)	100% (not subject to deductible)	100% (not subject to deductible)
Basic Services	90% Plan Pays	90% Plan Pays	55% Plan Pays
Major Services	60% Plan Pays	60% Plan Pays	35% Plan Pays
Annual Deductible (Ind/Family)	\$50 / \$150	\$50 / \$150	\$50 / \$150

MetLife - New Mexico Base		
	In-Network	Out-of-Network
	Participating Providers	Non-Participating Providers
Diagnostic & Preventive Services	100% (not subject to deductible)	100% (not subject to deductible)
Basic Services	80% Plan Pays	55% Plan Pays
Major Services	60% Plan Pays	35% Plan Pays
Annual Deductible (Ind/Family)	\$50 / \$150	\$50 / \$150

MetLife - New Mexico Buy Up		
	In-Network	Out-of-Network
	Participating Providers	Non-Participating Providers
Diagnostic & Preventive Services	100% (not subject to deductible)	100% (not subject to deductible)
Basic Services	90% Plan Pays	55% Plan Pays
Major Services	60% Plan Pays	35% Plan Pays
Annual Deductible (Ind/Family)	\$50 / \$150	\$50 / \$150

Deductible does not apply to Diagnostic, Preventive or Orthodontic Services			
Orthodontia (Adults & Dependent Children)			
Braces- Child Only	75%	75%	50%
Braces- Adult	60%	60%	50%
Child Ortho Lifetime Max	\$2,000	\$2,000	\$2,000
Adult Ortho Lifetime Max	\$1,750	\$1,750	\$1,750
Calendar Year Maximum Per Enrolled Person	\$1,750	\$1,750	\$1,750

Deductible does not apply to Diagnostic, Preventive or Orthodontic Services			
Orthodontia (Adults & Dependent Children)			
Braces- Child Only	75%	75%	50%
Braces- Adult	60%	60%	50%
Child Ortho Max	\$2,500	\$2,500	\$2,500
Adult Ortho Max	\$1,750	\$1,750	\$1,750
Calendar Year Maximum Per Enrolled Person	\$2,000	\$2,000	\$2,000

Deductible does not apply to Diagnostic, Preventive or Orthodontic Services		
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Braces- Child Only	75%	50%
Braces- Adult	60%	50%
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Adult Ortho Max	\$1,750	\$1,750
Calendar Year Maximum Per Enrolled Person	\$1,750	\$1,750

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Adult Ortho Max	\$1,750	\$1,750
Calendar Year Maximum Per Enrolled Person	\$2,000	\$2,000

Please contact Delta Dental for service descriptions or further details at 1-877-395-9420

Please contact MetLife for service descriptions or further details at _____.