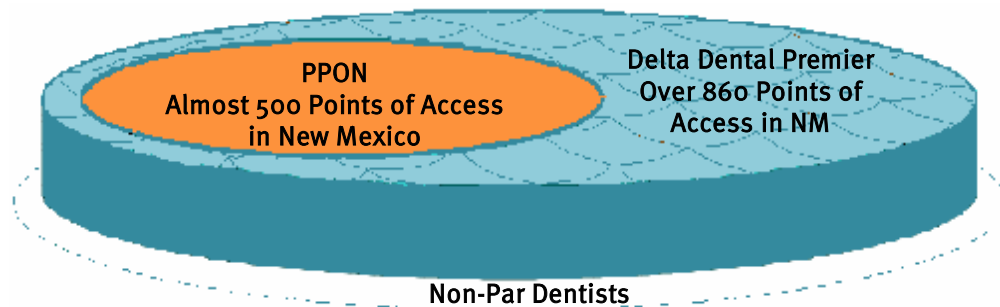


Delta Dental of New Mexico
Illustrating the Delta Dental Difference^{®SM}
Delta Dental PPO



With all Delta Dental plans, subscribers have benefits for covered services with any dentist, anywhere. The highest levels of benefits apply when subscribers use in-network dentists – dentists in the network selected by the group. Subscribers who use non-network dentists are likely to have additional out-of-pocket costs and balance billing.

Subscribers enrolled in plans featuring Delta Dental PPO or the Advantage Network can, however, help control the additional costs associated with receiving services from a non-network dentist. Out-of-pocket costs applicable to non-network services can be reduced by selecting a Delta Dental Premier dentist. Known as the “Plus Premier” feature, Delta Dental Premier Maximum Approved Fees limit the amount that can be balance-billed to a patient. As an example, a Delta Dental PPO subscriber who chooses a Delta Dental Premier dentist will pay the difference between the Maximum Approved Fees allowed under Delta Dental PPO and Delta Dental Premier, but no amount over the Delta Dental Premier Maximum Approved Fee can be balance-billed to the subscriber.

In addition, any Delta Dental Premier dentist will bill Delta Dental first, avoiding the need for Delta Dental subscribers to pay first and wait for reimbursement. Delta Dental cost management expertise also incorporates coordination of benefits, utilization reviews, in-office fee audits and peer review, saving our purchasing groups

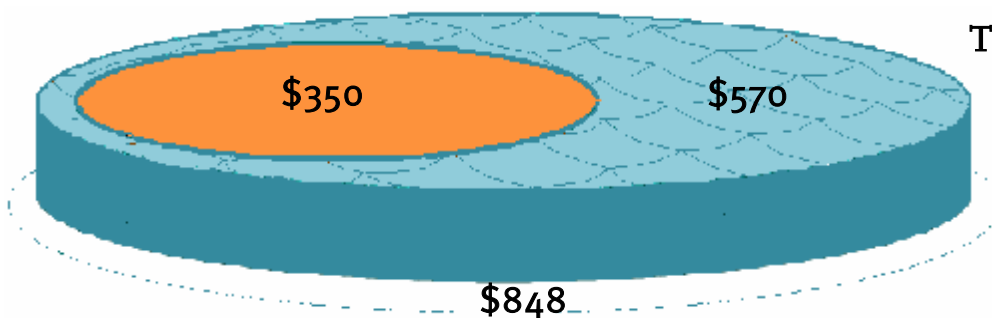
Assumptions used in member out-of-pocket cost illustration (see over)

- Procedure Code 2790 (Crown—Full Cast High Noble Metal)
- Submitted charges of \$1,142
- Delta Dental Premier Maximum Approved Fee of \$920
- Delta Dental PPO Maximum Approved Fee of \$700
- An Out of Network (Non-Par) Delta Dental of New Mexico Maximum Approved Fee of \$588
- A 50% benefit level (Major Services)

**Delta Dental of New Mexico
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	Delta Dental PPO Provider	Delta Dental Premier Provider	Out of Network (Non-Participating ("Non-Par") Provider)
Dentist Submitted Charge	Billed Amount	Billed Amount	Billed Amount
Delta Dental Maximum Approved Fee	Delta Dental PPO Maximum Approved Fee	Delta Dental Premier Maximum Approved Fee	Non-Par Delta Dental Maximum Approved Fee
Delta Dental Pays (50% Benefit for Major Services)	50% of Submitted Charges subject to Maximum Approved Fee	50% of Submitted Charges subject to Maximum Approved Fee	50% of Non-Par Maximum Approved Fee
Member Pays (50% Co-payment for Major Services)	50% of Submitted Charges subject to Maximum Approved Fee	50% of submitted Charges subject to Maximum Approved Fee + Balance Remaining capped at Delta Dental Premier Maximum Approved Fee	50% of Non-Par Maximum Approved Fee + Balance Remaining up to Billed Amount (No Cap)

	Delta Dental PPO Provider	Delta Dental Premier Provider	Out of Network (Non-Participating ("Non-Par") Provider)
Dentist Submitted Charge	\$1,142	\$1,142	\$1,142
Delta Dental Maximum Approved Fee	\$700	\$920	\$588
Delta Dental Pays (50% Benefit for Major Services)	50% of \$700 = \$350	50% of \$700 = \$350	50% of \$588 = \$294
Member Pays (50% Co-payment for Major Services)	50% of \$700 = \$350	50% of \$700 = \$350 + \$920—\$700 = \$220 = \$570	50% of \$588 = \$294 + \$1,142—\$588 = \$554 = \$848



**The Delta Dental Difference
Results in \$278
Subscriber Savings
on One Procedure!**