



BlueCare Dental[™] for Student Health

You have the option to purchase dental coverage from Blue Cross and Blue Shield of New Mexico. You can save money by choosing an in-network dentist from our statewide provider network.

With our BlueCare Dental plan, you'll save money on things like:

- Exams
- Cleanings
- Fillings
- Crowns

By using our in-network dentists, you get:

- Coverage on the most used preventive services
- Savings on all dental procedures

2024-2025 New Mexico Student Health Dental Plan¹

The benefits on this chart represent what the member will pay.

BlueCare Dental 1B Age 19 and Older ²	In-network Benefit*	Out-of-network Benefit*
Deductible	\$75	
Annual Maximum	\$1,000	
Diagnostic Evaluations ³ (deductible waived) Oral examinations (2 every 12 months)	10%	30%
Preventive Services ³ (deductible waived) Prophylaxis (2 cleanings every 12 months)	10%	30%
Diagnostic Radiographs ³ (deductible waived) Dental X-rays, full mouth (1 every 36 months)	10%	30%
Miscellaneous Preventive Services Sealants/space maintainers	10%	30%
Basic Restorative Services Services for restorations needed to repair damage caused by basic dental decay, including tooth preparation; all adhesives, bases, liners and polishing; routine fillings (amalgam and resin-based composite)	30%	50%
Non-Surgical Extractions Removal of erupted tooth	30%	50%
Non-Surgical Periodontal Periodic scaling and planing	30%	50%
Adjunctive Services Services for palliative treatment (emergency) of dental pain, when not performed in conjunction with planned treatment; general anesthesia	30%	50%
Endodontic Services Services for treatment related to dental disease of the tooth pulp	50%	70%
Oral Surgery Services Surgical tooth extractions	50%	70%
Surgical Periodontal ⁴ Gingivectomy/gingivoplasty/osseous surgery and grafts	50%	70%
Major Restorative Services ⁴ Services to restore tooth structures lost as a result of decay or fracture; single-crown restorations; inlay/onlay restorations	50%	70%
Prosthodontic Services ⁴ Bridges/full and partial dentures	50%	70%
Miscellaneous Restorative and Prosthodontics Services ⁴ Recementation of crowns, inlays, onlays/crown repair	50%	70%

* Important notes:

All benefits are based upon the allowable amount, which is the amount determined by BCBSNM as the maximum amount eligible for payment of benefits. A contracting dentist cannot bill for charges in excess of the allowable amount. Benefits for services provided by a non-contracting dentist will be based upon the same allowable amount. It is likely the non-contracting dentist will bill for amounts above this, resulting in higher out-of-pocket expenses.

^{1.} This document does not contain a complete listing of the exclusions, limitations and conditions that apply to the benefits shown. Please refer to the dental plan policy for additional details.

^{2.} Please refer to your dental plan policy for members under the age of 19.

Deductible is waived.

A 12-month waiting period from date of purchase applies before any services are allowed.

Health care coverage is important for everyone.

We provide free communication aids and services for anyone with a disability or who needs language assistance. We do not discriminate on the basis of race, color, national origin, sex, gender identity, age, sexual orientation, health status or disability.

To receive language or communication assistance free of charge, please call us at 855-710-6984.

If you believe we have failed to provide a service, or think we have discriminated in another way, contact us to file a grievance.

Office of Civil Rights Coordinator

300 E. Randolph St. 35th Floor

Chicago, Illinois 60601

Phone:

855-664-7270 (voicemail)

TTY/TDD:

855-661-6965

Fax:

855-661-6960

You may file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, at:

U.S. Dept. of Health & Human Services 200 Independence Avenue SW

Room 509F, HHH Building 1019 Washington, DC 20201

Phone: TTY/TDD: 800-368-1019 800-537-7697

Complaint Portal: https://ocrportal.hhs.gov/ocr/portal/lobby.jsf Complaint Forms: http://www.hhs.gov/ocr/office/file/index.html If you, or someone you are helping, have questions, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 855-710-6984.

Si usted o alguien a quien usted está ayudando tiene preguntas, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 855-710-6984.		
إن كان لديك أو لدى شخص تساعده أسئلة، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون اية تكلفة. للتحدث مع مترجم فوري، اتصل على الرقم 6984-710-855.		
如果您, 或您正在協助的對象, 對此有疑問, 您有權利免費以您的母語獲得幫助和訊息。 洽詢一位翻譯員, 請撥電話 號碼 855-710-6984。		
Si vous, ou quelqu'un que vous êtes en train d'aider, avez des questions, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 855-710-6984.		
Falls Sie oder jemand, dem Sie helfen, Fragen haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 855-710-6984 an.		
જો તમને અથવા તમે મદદ કરી રહ્યા હોય એવી કોઈ બીજી વ્યક્તિને એસ.બી.એમ. કાયેક્રમ બાબતે પ્રશ્નો હોય, તો તમને વિના ખર્ચે, તમારી ભાષામાં મદદ અને માહિતી મેળવવાનો હક્ક છે. દુભાષિયા સાથે વાત કરવા માટે આ નંબર 855-710-6984 પર કૉલ કરો.		
यदि आपके, या आप जिसकी सहायता कर रहे हैं उसके, प्रश्न हैं, तो आपको अपनी भाषा में निःशुल्क सहायता और जानकारी प्राप्त करने का अधिकार है। किसी अनुवादक से बात करने के लिए 855-710-6984 पर कॉल करें।.		
Se tu o qualcuno che stai aiutando avete domande, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, puoi chiamare il numero 855-710-6984.		
만약 귀하 또는 귀하가 돕는 사람이 질문이 있다면 귀하는 무료로 그러한 도움과 정보를 귀하의 언어로 받을 수 있는 권리가 있습니다. 통역사가 필요하시면 855-710-6984 로 전화하십시오.		
T'áá ni, éí doodago ła'da bíká anánílwo'ígíí, na'ídíłkidgo, ts'ídá bee ná ahóóti'i' t'áá níík'e níká a'doolwoł dóó bína'ídíłkidígíí bee nił h odoonih. Ata'dahalne'ígíí bich'i' hodíílnih kwe'é 855-710-6984.		
اگر شما، یا کسی که شما به او کمک می کنید، سؤالی داشته باشید، حق این را دارید که به زبان خود، به طور رایگان کمک و اطلاعات دریافت نمایید. جهت گفتگو با یک مترجم شفاهی، با شماره 6984-710-855 تماس حاصل نمایید.		
Jeśli Ty lub osoba, której pomagasz, macie jakiekolwiek pytania, macie prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer 855-710-6984.		
Если у вас или человека, которому вы помогаете, возникли вопросы, у вас есть право на бесплатную помощь и информацию, предоставленную на вашем языке. Чтобы связаться с переводчиком, позвоните по телефону 855-710-6984.		
Kung ikaw, o ang isang taong iyong tinutulungan ay may mga tanong, may karapatan kang makakuha ng tulong at impormasyon sa iyong wika nang walang bayad. Upang makipag-usap sa isang tagasalin-wika, tumawag sa 855-710-6984.		
اگر آپ کو، یا کسی ایسے فرد کو جس کی آپ مدد کررہے ہیں، کوئی سوال درپیش ہے تو، آپ کو اپنی زبان میں مفت مدد اور معلومات حاصل کرنے کا حق ہے۔ مترجم سے بات کرنے کے لیے، 6984-710-855 پر کال کریں۔		
Nều quý vị, hoặc người mà quý vị giúp đỡ, có câu hỏi, thì quý vị có quyền được giúp đỡ và nhận thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, gọi 855-710-6984.		