



More options, lower costs:

Smile more with Delta Dental of New Mexico



Sandia National Laboratories

Sandia National Laboratories offers the Delta Dental PPO™ network, which will save you money on out-of-pocket costs. The Delta Dental PPO™ network is unique because it features two different Delta Dental national provider networks – two “in-network” choices in a single plan. Anytime services are needed, members can choose a provider from either the Delta Dental PPO™ or Delta Dental Premier® networks and receive the in-network benefits.

The Power of Two Networks

Delta Dental PPO™	→ More than 113,000 providers nationwide → Average savings of 34% on submitted fee → No Balance Billing* and no paperwork to file
Delta Dental Premier®	→ More than 152,000 providers nationwide → Average savings of 20% on submitted fee → No Balance Billing* and no paperwork to file
Out-of-Network	→ May need to file your own claims → Will be subject to Balance Billing* → No discounts

*What is Balance Billing?

Our network dentists agree to accept Maximums on what they charge for each service. An out-of-network dentist has not agreed to those Maximums. When you visit a Delta Dental network dentist, you won't have to pay the difference between what the dentist charges and what Delta Dental will pay, *aka Balance Billing*.

Save when you see a network dentist*

As shown below, your lowest out-of-pocket costs result from going to either a Delta Dental PPO™ or Delta Dental Premier® dentist.

Network		Delta Dental PPO Dentist	Delta Dental Premier Dentist	Out-of-Network Dentist
Crown Repair	Submitted fee	\$1,300	\$1,300	\$1,300
	Maximum Allowed Fee	\$835	\$1,068	\$630
	Coverage level	50%	50%	35%
	Amount Delta Dental pays	\$417	\$534	\$221
	AMOUNT YOU PAY	\$417	\$534	\$1,080

Set by Delta Dental

Best Deal!

Balance Billing*

Disclaimer: The table depicted above is for illustrative purposes only, and does not reflect an actual claim.

2025 Retiree Standard Plan (RSTD)

Maximum Benefit Amounts: \$1,800 per RSTD Plan participant per Benefit Period. RSTD Plan includes Preventive Care Security (PCS); Diagnostic and Preventive Services do not count towards the Maximum Benefit Amount when services are rendered by in-network providers. The Plan's payment for orthodontic services will not exceed a Lifetime Maximum of \$1,800 per RSTD Plan participant.

Deductible: \$50 per RSTD Plan participant per Benefit Period limited to a maximum Deductible of \$150 per family per Benefit Period. The Deductible does not apply to Diagnostic and Preventive Services or Orthodontic Services.

Benefit Schedule (% RSTD Pays)	Delta Dental PPO™	Delta Dental Premier®	Out of Network
Diagnostic and Preventive Services			
Oral Examinations – twice in a calendar year (including exams with specialists)	100%	100%	50%
Routine Cleanings – twice in a calendar year	100%	100%	50%
X-rays – full mouth series once every 5 years/Bitewings – twice in a calendar year	100%	100%	50%
Topical Fluoride – under age 18, twice in a calendar year, over age 18, once in a calendar year if medically necessary	100%	100%	50%
Emergency Treatment – for relief of pain	100%	100%	50%
Sealants – under age 14, permanent molars only, 3-year limitation	100%	100%	50%
Space Maintainer – under age 19	100%	100%	50%
Basic and Restorative Services			
Amalgam and Composite Resin Fillings – anterior and posterior teeth	80%	70%	50%
Minor Restorative Services	80%	70%	50%
Stainless Steel Crowns	80%	70%	50%
Extractions – non-surgical and surgical	80%	70%	50%
Endodontics – pulp therapy and root canal filling	80%	70%	50%
Periodontal Cleanings (including full mouth debridement)	80%	70%	50%
Periodontics – non-surgical and surgical	80%	70%	50%
Occlusal Guards	80%	70%	50%
General Anesthesia – intravenous sedation and general anesthesia, when dentally necessary and administered by a licensed Provider for a covered oral surgery procedure	80%	70%	50%
Major Services			
Nitrous Oxide – inhalation of nitrous oxide/analgesia, anxiolysis	55%	45%	45%
Crowns, Cast Restorations, and Onlays – when teeth cannot be restored with amalgam or composite resin restorations	55%	45%	45%
Prosthodontics – procedures for construction or repair of fixed bridges, partials or complete dentures	55%	45%	45%
Implants (endosteal with high noble metals) – specified services, including repairs, and related prosthodontics, subject to clinical review/approval	55%	45%	45%
Orthodontic Services (all ages)			
Procedures performed by a provider using appliances to treat poor alignment of teeth and their surrounding structure	50%	50%	50%

READ YOUR PLAN CAREFULLY - THIS BENEFITS SUMMARY PROVIDES A VERY BRIEF DESCRIPTION OF THE IMPORTANT FEATURES OF YOUR PLAN.

Contact Delta Dental of New Mexico

Phone: Delta Dental toll-free at (800) 264-2818

Email: customerservice@deltadentalnm.com

Web: www.deltadentalnm.com

Contact Sandia Post-Employment Benefits Center

Phone: (833) SANDIA1 or (833) 726-3421

Web: www.sniretireebenefits.com