

Delta Dental PPO™ Point-of-Service (POS) Network

Sandia National Laboratories offers the Delta Dental PPO™ POS network, which will save you money on out-of-pocket costs. The Delta Dental PPO™ POS 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 Delta Dental PPO™ providers have agreed to the deepest discounts for our members for covered services. However, if you go to a provider who doesn’t participate in Delta Dental PPO™, you can still save money if your provider participates in the Delta Dental Premier® network. Like our Delta Dental PPO™ providers, Delta Dental Premier® providers agree to accept Delta Dental’s fee determination with no balance billing. You would be responsible for your co-insurance, deductible or any non-covered services if applicable.

DELTA DENTAL NETWORKS	Delta Dental PPO™	<ul style="list-style-type: none"> No balance billing on covered services Lowest out-of-pocket costs for this Plan Payment is based on Delta Dental PPO™ Maximum Approved Fees Providers file claims for member
	Delta Dental Premier®	<ul style="list-style-type: none"> No balance billing on covered services Higher out-of-pocket costs for this Plan Payment is based on Delta Dental Premier® Maximum Approved Fees Providers file claims for member
OUT-OF-NETWORK	Out-of-network provider	<ul style="list-style-type: none"> May be balance billed Highest out-of-pocket costs for this Plan No discounts May need to file own claims

Example of how the Delta Dental PPO™ POS network can save you money

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

		DELTA DENTAL PPO™ PROVIDER	DELTA DENTAL PREMIER® PROVIDER	OUT-OF-NETWORK PROVIDER
CROWN	Submitted fee	\$1,300	\$1,300	\$1,300
	Maximum allowed fee	\$835	\$1068	\$630
	Coverage level	50%	50%	50%
	Amount Delta Dental pays	\$417	\$534	\$315
	AMOUNT YOU PAY	\$417	\$534	\$985

For easy access to plan information including: if you are eligible for specific services, how much is left of your maximum or status of a claim, create a user ID at www.memberportal.com.

Contact

Phone: Delta Dental toll-free at (800) 264-2818
 Email: customerservice@deltadentalnm.com
 Web: www.deltadentalnm.com
 Mobile App: Download the Delta Dental mobile app on the App Store (iOS) or Google Play (Android)

Access 24/7

Delta Dental’s automated voice response system is available 24/7 to help you with topics such as benefit/eligibility verification, requesting an ID card, provider directories (fax, voice, or email), and checking claim/pre-treatment estimate status.

2023 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	Delta Dental PPO™	Delta Dental Premier®	Out of Network
	RSTD Pays	RSTD Pays	RSTD Pays
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%