



**SANDIA NATIONAL LABORATORIES  
DENTAL CARE PLAN for Non-Represented Employees  
Delta Dental PPO Point-of-Service  
Administered by Delta Dental**

Dental Care Plan is a single dental plan with two In-Network Delta Dental provider network options. Delta Dental Premier is the country's most extensive panel of dentists with over 186,000 locations across the country. Delta Dental PPO is a second, somewhat smaller (108,000 locations nationally) network in which participating dentists agree to deeper discounts. Because Dental Care Plan offers both network choices, anytime services are received from a dentist who participates in both Delta Dental PPO and Delta Dental Premier, the total cost of the services received will reflect the lower Delta Dental PPO Maximum Approved Fees. You may select a Delta Dental PPO dentist, whenever possible, to reduce the patient out-of-pocket costs which are a percentage of the dentists' approved fee. Benefit levels are the same for non-participating providers but out-of-pocket costs will typically be higher if services are received from a dentist who does not participate in one of the Delta Dental provider networks.

Benefit Period – January 1, 2009 through December 31, 2009	Delta Dental PPO Dentist		Delta Dental Premier Dentist Non-Participating Dentist	
	The Plan Pays	You Pay	The Plan Pays	You Pay
<b>Benefit Schedule:</b>				
<b>Diagnostic and Preventive Services</b>				
• Oral Examinations – twice in a calendar year	100%	0%	100%	0%
• Routine Cleanings – twice in a calendar year	100%	0%	100%	0%
• X-rays - full mouth series once every 3 years/Bitewings – twice in a calendar year	100%	0%	100%	0%
• Fluoride Application— under age 18, twice in a calendar year	100%	0%	100%	0%
• Emergency Treatment – for relief of pain	100%	0%	100%	0%
• Sealants – under age 14, permanent molars only, 3 year limitation	100%	0%	100%	0%
• Space Maintainers – under age 19	100%	0%	100%	0%
<b>Basic and Restorative Services</b>				
• Amalgam fillings – anterior and posterior teeth	80%	20%	80%	20%
• Composite resin fillings – anterior teeth only	80%	20%	80%	20%
• Stainless steel crowns	80%	20%	80%	20%
• Extractions – non-surgical	80%	20%	80%	20%
• Oral Surgery – maxillofacial surgical procedures of the oral cavity, including surgical extractions	80%	20%	80%	20%
• Endodontics – pulp therapy and root canal filling	80%	20%	80%	20%
• Periodontal Cleanings – twice in a calendar year	80%	20%	80%	20%
• Periodontics – non-surgical and surgical	80%	20%	80%	20%
• Occlusal Guards	80%	20%	80%	20%
• General Anesthesia - intravenous sedation and general anesthesia, when dentally necessary and administered by a licensed provider for a covered oral surgery procedure	80%	20%	80%	20%
<b>Major Services</b>				
• Crowns, Cast Restorations, and Inlays, including repairs - when teeth cannot be restored with amalgam or composite resin restorations	50%	50%	50%	50%
• Prosthodontics – procedures for construction or repair of fixed bridges, partials or complete dentures	50%	50%	50%	50%
• Implants – specified services, including repairs, and related prosthodontics, subject to clinical review/approval	50%	50%	50%	50%
<b>Orthodontic Services (all ages)</b>				
• Procedures performed by a dentist using appliances to treat poor alignment of teeth and their surrounding structure	50%	50%	50%	50%

**Maximum Benefit Amount up to** – \$1,500 per Plan Participant per benefit period. The Plan's payment for Orthodontic Services will not exceed a Lifetime Maximum of \$1,800 per Plan Participant.

**Deductible** – \$50 per 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.

**This benefits overview is being provided by Delta Dental during Open Enrollment for illustration purposes only. While accurate, it does not imply coverage and is intended only to highlight Dental Care Plan benefit levels. It does not reflect all limitations, Coordination of Benefits and other important Plan provisions, or provide complete coverage information. A Summary of Benefits, which may be formatted differently, will be part of the Dental Care Plan Summary Plan Description.**

**ASK YOUR DENTIST FOR A PRE-DETERMINATION OF BENEFITS** anytime more costly procedures are anticipated. When requested by a dental provider, an advance estimate of benefits payable can be provided by Delta Dental before dental care services are received. Pre-determination is strongly recommended and there is no charge for this service.

Last Updated 1/6/2009