

2025 Dental Plan Comparison Chart

Plan coverage levels and benefits differ by provider network:

- Delta Dental PPO Preferred™ network
- Delta Dental Premier® network
- Out-of-network

Coverage Highlights

		Value Plan ²	Standard Plan ²	Plus Plan ^{1,2}
Annual Deductible	Employee only	\$50	\$50	\$50
	Family	\$150	\$150	\$150
Annual Maximum Benefit		\$1,000 ²	\$1,800 ²	\$3,000 ²
Lifetime Orthodontia Maximum		Not covered	\$1,800 ³	\$3,000 ³
Type of Service You pay the following coinsurance				
Diagnostic and Preventive Care	PPO	0%	0%	0%
	Premier	0%	0%	0%
	Out-of-network	50%	50%	50%
Basic and Restorative Services	PPO	30%	20%	10%
	Premier	40%	30%	20%
	Out-of-network	60%	50%	50%
Major Services	PPO	65%	45%	35%
	Premier	75%	55%	45%
	Out-of-network	75%	55%	50%
Orthodontics	PPO	Not covered	50%	40%
	Premier	Not covered	50%	40%
	Out-of-network	Not covered	50%	50%

¹ If you elect the Plus Plan, you must remain in the plan for at least two consecutive years.

² In-network diagnostic and preventive care are not subject to the deductible. Plan covers fluoride treatment for adults as preventive when medically necessary and nitrous oxide as a major service.

³ Deductible does not apply to orthodontics.

This benefit comparison highlights key features of Sandia's dental benefits. The terms of your benefit plans are governed by plan documents. If there are inconsistencies between information in this comparison and the plan documents, then plan documents are the final authority. Employees are ultimately responsible for understanding your benefit plan documents.

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