

Plan Benefit Highlights for: BROOKHAVEN SCIENCE ASSOCIATES, LLC

Group No: 04970

Effective Date: 1/1/2011

Delta Dental PPOSM

Benefit Highlights

Eligibility	Primary enrollee, spouse (includes domestic partner) and eligible dependent children to age 19 or, if dependent is a full-time student, the end of the calendar year of 23rd birthday or the end of the month in which dependent graduates or is no longer a full-time student
Deductibles	\$25 per person / \$75 per family each calendar year
Deductibles waived for Diagnostic, Preventive & Orthodontics?	Yes
Maximums	\$1,000 per person each calendar year
D & P counts toward maximum?	Yes

Benefits and Covered Services*	Delta Dental PPO dentists**	Non-PPO dentists** (Delta Dental Premier® & Non-Delta Dental Dentists)
Diagnostic & Preventive Services (D & P) Exams, cleanings, x-rays, sealants	80 %	70 %
Basic Services Fillings, simple tooth extractions, posterior composites	60 %	45 %
Endodontics (root canals) Covered Under Basic Services	60 %	45 %
Periodontics (gum treatment) Covered Under Basic Services	60 %	45 %
Oral Surgery Covered Under Basic Services	60 %	45 %
Major Services Crowns, inlays, onlays and cast restorations	50 %	35 %
Prosthodontics Bridges and dentures	50 %	35 %
Orthodontic Benefits dependent children	50 %	50 %
Orthodontic Maximums	\$ 1,000 Lifetime	\$ 1,000 Lifetime

* Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental maximum contract allowances and not necessarily each dentist's submitted fees.

** Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and 80th percentile for non-Delta Dental dentists.

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This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions regarding the benefits, limitations or exclusions for your plan, please consult your company's benefits representative.