DELTA DENTAL®

Keep smiling

Delta Dental PPO™
Table of allowance plan



Whether you want a brighter smile or need major dental care, Delta Dental dentists have the skills to help you stay healthy. Choose an in-network dentist from our provider directory at **deltadentalins.com**.

Understand how your plan works

Under a table of allowance plan each procedure has an allowance, a set amount that Delta Dental will pay. If your dentist charges over the allowance, you'll be responsible for the remaining amount up to the contracted rate for a Delta Dental PPO or Premier dentist or the submitted charge for a non-Delta Dental dentist.

Visit a Delta Dental PPO dentist to maximize your benefits and limit your out-of-pocket expenses. Find an in-network dentist at **deltadentalins.com**.

Maximize your benefits

You can visit any licensed dentist, but your out-of-pocket costs will likely be higher if you choose a dentist that isn't in the Delta Dental network. This example shows how you could pay less for an exam and cleaning with a Delta Dental PPO dentist.

	Delta Dental PPO dentist	Delta Dental Premier dentist	Non-Delta Dental dentist
Dentist's charge	$205	$205	$205
Contracted rate[1]	$95	$149	$205
Plan allowance[2]	$95	$95	$95
You pay	$0	$54	$110

[1] Non-Delta Dental dentists do not have to accept a contracted rate and can bill their normal charge.
[2] You are responsible for any amounts above the allowances, as well as applicable deductibles, amounts over annual or lifetime maximums and charges for non-covered services. Review your Evidence of Coverage, Summary Plan Description or Group Dental Service Contract for specific details about your plan.

For illustrative purposes only. Assumes no maximums or deductibles apply.

Set up an online account

Whether you need to check your benefits or select a new dentist, you can find everything you need in your online Delta Dental account. Go to **deltadentalins.com** and click **Log in** to create an account or log in to your existing account.

Coordinate dual coverage

If you're covered under two plans, ask your dental office to include information about both plans with your claim — we'll handle the rest.

Understand transition of care

Generally, multi-stage procedures are covered under your current plan only if treatment began after your plan's effective date of coverage. Log in to your online account to find this date.

Check in without an ID card

You don't need a Delta Dental ID card when you visit the dentist. Just provide your name, birth date and enrollee ID or Social Security number. If your family members are covered under your plan, they will need your information.

Member perks for your smile and beyond

Your Delta Dental membership does more than help keep your smile bright and healthy when you visit the dentist. Your plan also brings exclusive product discounts, resources and more to support a healthy lifestyle for your smile and beyond. To get started, visit **www1.deltadentalins.com/memberperks**.

Save with a PPO dentist



PPO



Non-PPO



Delta Dental PPO and Delta Dental Premier are underwritten by Delta Dental Insurance Company in AL, DC, FL, GA, LA, MS, MT, NV, TX and UT and by not-for-profit dental service companies in these states: CA – Delta Dental of California; PA, MD – Delta Dental of Pennsylvania; NY – Delta Dental of New York, Inc.; DE – Delta Dental of Delaware, Inc.; WV – Delta Dental of West Virginia, Inc. In TX, Delta Dental PPO provides a dental provider organization (DPO) plan.

West Virginia: Learn about our commitment to providing access to a quality dentist network at **deltadentalins.com/about/legal/index-enrollee.html**.

LEGAL NOTICES: Access federal and state legal notices related to your plan at **deltadentalins.com/about/legal/index-enrollee.html**.

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Benefit Highlights: Delta Dental PPO™

Plan Benefit Highlights for: Brookhaven Science Associates, LLC

Group No: 04970

Eligibility	For eligibility details, refer to the plan's Evidence/Certificate of Coverage (on file with your benefits administrator, plan sponsor or employer).		
Deductibles	$25 per person / $75 per family each calendar year		
Deductibles waived for Diagnostic & Preventive (D & P) and Orthodontics?	Yes		
Maximums	$1,000 per person each calendar year		
D & P counts toward maximum?	Yes		
Waiting Period(s)	Basic Services None	Major Services None	Orthodontics None

Benefits and Covered Services*	**Delta Dental PPO dentists*** **	**Non-Delta Dental PPO dentists*** **
Orthodontic Benefits Dependent children to age 19	50 %	50 %
Orthodontic Maximums	$1,000 Lifetime	$1,000 Lifetime

The **Delta Dental PPO℠ Table of Allowance plan** provides you great dental benefits at a reasonable cost. With a table of allowance plan, you know in advance exactly how much the plan covers for each dental service. Delta Dental will pay the share specified on your table of allowance; you are responsible for the share of the dentist's fee not covered by the allowance.

Sample Benefits and Covered Services*	**Table Allowance**** (Amount Delta Dental Will Pay)
Diagnostic & Preventive Services (D & P)	D0120 Periodic oral exam – established patient: $22 D0272 Bitewings (two diagnostic images): $15 D1110 Prophylaxis (cleaning): $38
Basic Services	D2150 Amalgam fillings, two surfaces – primary or permanent: $40 D2160 Amalgam fillings, three surfaces – primary or permanent: $60
Endodontics	D3310 Root canal, (anterior – excluding final restoration): $187
Periodontics	D4341 Periodontal scaling and root planing - four or more teeth per quadrant: $45
Oral Surgery	D7140 Extraction, erupted tooth or exposed root (elevation and/or forceps removal): $37
Major Services	D2750 Crown; porcelain fused to high noble metal: $250 D5110 Complete denture – maxillary: $275

* Limitations or waiting periods may apply for some benefits; some services may be excluded.

** Allowances specified above represent only a few examples from your plan's table. Please refer to your Benefit Booklet for a full schedule of allowances and for any limitations and exclusions on these benefits.

*** The coinsurance shown here reflects your cost-sharing responsibility. Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and Premier contracted fees for non-Delta Dental dentists.

Delta Dental of New York	**Customer Service**	**Claims Address**
300 Corporate Center Drive, Suite 600 Camp Hill, PA 17011	800-932-0783	P.O. Box 2105 Mechanicsburg, PA 17055-6999

deltadentalins.com

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.