

**BROOKHAVEN SCIENCE ASSOCIATES, LLC DENTAL PLAN
DENTAL PROGRAMS (1-1-2021)**

	DELTA DENTAL			
	DMO	PPO		Indemnity
Network	DeltaCare	PPO and Premier Networks		PPO and Premier Networks
	In-Network Only	In-Network	Out-of-Network	In- and Out-of-Network
Provider	Participating Provider	Participating Provider	Any Provider	Any Provider
Claim Process	Pay dentist scheduled fee	Dentist will charge you applicable co-pay	Must submit claim to Delta Dental	Participating dentist will charge you applicable co-pay. Claims must be submitted to Delta Dental for non-participating dentists.
Dependent Children Age Limit	End of year age 23	End of year age 23		End of year age 23
Annual Deductible Per Individual/Family (for basic & major restorative dental services. Does not apply to preventive services.)	N/A	\$25/\$75 (in- and out-of-network combined)		\$25/\$75
Calendar Year Maximum Benefit Per Person (for all services other than orthodontia.)	N/A	\$1,500 (in- and out-of-network combined)		\$1,000
Eligibility for Orthodontia Coverage	Children: To end of year age 23	Children: To age 19		Children: To age 19
	Employee/Spouse: eligible	Employee/Spouse: not eligible		Employee/Spouse: not eligible
Coverage Based On	Fee Schedule	Reduced Contracted Fees	Reasonable & Customary Fees	Reimbursement Schedule
	Amount participant pays	Amount insurance company pays		Amount insurance company pays
Diagnostic & Preventive Services (exams, cleanings, x-rays)	\$0	80%	70%	See schedule
Basic Services				
Fillings: one-surface amalgam (procedure code: 2140)	\$0	60%	45%	\$26
Fillings: one-surface composite - anterior (procedure code: 2330)	\$5	60%	45%	\$30
Endodontics				
Root canal therapy - molar (excludes final restoration) (procedure code: 3330)	\$350	60%	45%	\$282
Periodontics				
Gingivectomy - per quad (procedure code: 4210)	\$145	60%	45%	\$150
Major Services				
Crowns - Porcelain Fused to High Noble Metal (procedure code: 2750)	\$380	50%	35%	\$250
Implants	Not covered	50%	30%	\$1,000
Orthodontic Benefits	See fee schedule	50%	50%	See reimbursement schedule
Orthodontic Lifetime Maximum Benefit Per Person	N/A	\$1,000 (in- and out-of-network combined)		\$1,000

This represents only a portion of the dental schedule. For additional information go to www.bnl.gov/hr/Benefits/.

2021 DENTAL PLAN CONTRIBUTIONS

Employees (monthly)

Coverage	DMO	PPO	Indemnity
	Monthly Contribution		
1 Person	\$ 5.00	\$ 10.11	\$ 5.00
2 People	\$ 10.00	\$ 20.86	\$ 10.00
3 or More People	\$ 19.00	\$ 34.23	\$ 19.00

Employees (weekly)

Coverage	DMO	PPO	Indemnity
	Weekly Contribution		
1 Person	\$ 1.15	\$ 2.33	\$ 1.15
2 People	\$ 2.31	\$ 4.81	\$ 2.31
3 or More People	\$ 4.38	\$ 7.90	\$ 4.38

There are 52 weekly pay periods in 2021.

Participants Who Are Receiving BSA Long Term Disability Benefits

Coverage	DMO	PPO	Indemnity
	Monthly Contribution		
1 Person	\$ 5.00	\$ 10.11	\$ 5.00
2 People	\$ 10.00	\$ 20.86	\$ 10.00
3 or More People	\$ 19.00	\$ 34.23	\$ 19.00

COBRA Participants (102% of Program Cost)

Coverage	DMO	PPO	Indemnity
	Monthly Contribution		
1 Person	\$ 20.26	\$ 36.59	\$ 16.18
2 People	\$ 41.17	\$ 77.71	\$ 34.37
3 or More People	\$ 61.26	\$ 109.01	\$ 48.18

COBRA contributions include a 2% administrative fee.