

Plan Benefit Highlights for: Rensselaer Student Dental

Group No: 00975 - Graduate Students Student Only Program

Effective Date: 8/15/2011

Eligibility	Primary enrollee only
Deductibles	PPO Dentists: \$25 per person each plan year Non-PPO Dentists: \$50 per person each plan year
Deductibles waived for Diagnostic & Preventive (D & P)?	PPO Dentists: Yes Non-PPO Dentists: No
Maximums	\$1,500 per person each plan 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 Exams, cleanings, x-rays, sealants	100 %	100 %
Basic Services Fillings, stainless steel crowns, posterior composites	100 %	70 %
Endodontics (root canals) Covered Under Basic Services	100 %	70 %
Periodontics (gum treatment) Covered Under Basic Services	100 %	70 %
Oral Surgery Covered Under Basic Services	100 %	70 %
Major Services Crowns, inlays, onlays and cast restorations	0 %	0 %
Prosthodontics Bridges and dentures	0 %	0 %
TMJ	50 %	50 %

* 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 90th percentile for non-Delta Dental dentists.

Delta Dental of New York One Delta Drive Mechanicsburg, PA 17055	Customer Service 800-932-0783 (Business Hours: 8 am to 8 pm ET)	Claims Address P.O. Box 2105 Mechanicsburg, PA 17055-2105
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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.

Delta Dental PPOSM
Benefit Highlights