

**BRYN MAWR COLLEGE  
DENTAL INSURANCE BENEFIT  
EFFECTIVE NOVEMBER 1, 2009**

<b>BENEFIT CATEGORY</b>	<b>DELTA DENTAL "PPO PLUS PREMIER" PROGRAM</b>
<b><u>DIAGNOSTIC AND PREVENTIVE SERVICES</u></b>	
Dental Examinations	100%--once in any 6 consecutive month period
Oral Prophylaxis (Teeth Cleaning)	100%--once in any 6 consecutive month period
Fluoride Application (to age 19)	100%--once in any 6 consecutive month period
Oral Hygiene Counseling	Not covered
Nutritional Counseling	Not covered
Plaque Control Program	Not covered
Pit & Fissure Sealants	100%--once in any 36 month period, with age limitations
Full Mouth X-rays	100%--once in any 60 consecutive month period
Bitewing X-rays	100%--once in any 12 consecutive month period
Pregnancy Benefit	An additional oral exam and additional cleaning. Can occur at any time during the pregnancy and is available during each calendar year if pregnancy occurs for at least one full month of the calendar year.
<b><u>ENDODONTIC SERVICES</u></b> (Under local anesthesia)	
Root Canal Treatment	80%
Apicoectomy (Root Surgery)	80%
<b><u>RESTORATIVE SERVICES</u></b> (Under local anesthesia)	
Basic Restorative Services (amalgam, silicate, acrylic, and composite fillings)	80%
Single Inlays, Onlays and Crowns	50%
Repairs to Single Inlays, Onlays and Crowns	50%
Implants	50%
<b><u>ORAL SURGERY</u></b> (under local anesthesia)	
Simple Extraction	80%
Other Oral Surgery	80%

**This is a general description of the program. Delta Dental should be contacted regarding specific plan provisions at 1-800-932-0783. Delta Dental PPO participating providers are paid at the PPO Maximum Plan Allowance. Delta Dental Premier participating providers are paid at the Premier Maximum Plan Allowance. Non-participating providers are paid at the Premier Maximum Plan Allowance. Delta Dental PPO and Delta Dental Premier participating providers accept the applicable allowance as payment in full.**

<b>BENEFIT CATEGORY</b>	<b>DELTA DENTAL “PPO PLUS PREMIER” PROGRAM</b>
<b><u>PERIODONTICS</u></b> Gum Treatment (under local anesthesia)	
Non surgical	50%
Surgical	50%
<b><u>PERIODONTAL PROPHYLAXIS</u></b>	100%--once in any 6 consecutive month period
<b><u>FIXED PROSTHETICS</u></b>	
Fixed Bridgework Including abutment onlays, Onlays and crowns, pontics	50%
Replacement	50%--if at least 5 years since initial installation date
Repairs to Fixed Bridges	50%
<b><u>REMOVABLE PROSTHETICS</u></b>	
Full or Partial Dentures	50%
Replacement	50%--if at least 5 years since initial installation date
Relining or Rebasing	50%--if at least 6 months after installation, but not more than once in any 36 consecutive month period
Repairs to Removable Prosthetics	50%
<b><u>ORTHODONTICS (BRACES)</u></b>	50%--The Program pays up to \$1,500 Lifetime Maximum for each dependent child under age 19
<b><u>DEDUCTIBLES</u></b>	\$50 per person per calendar year, to a maximum of \$150 per family. Does not apply to preventive and diagnostic services
<b><u>MAXIMUM BENEFITS</u></b>	\$1,500 per person per calendar year
<b><u>OUT-OF-AREA EMERGENCY SERVICE</u></b>	Covered, as specified above

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