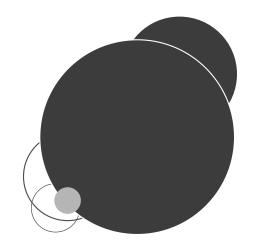
△ DELTA DENTAL

Keep smiling Delta Dental PPOTM



Save with PPO

Visit a dentist in the PPO ¹ network to

maximize your savings. ² These dentists e ective date of coverage.

⁴ Log in to your online account to nd this date.

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With access to QualSight and Amplifon
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85 248-2020 and Amplifon at
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Benefit Highlights: Delta Dental PPOM

Plan Benefit Highlights for: Bryn Mawr College

Group No: 02291

EligibilitNo: 7QP <					
	\$50 per person / \$150 per family each calendar year				
Deductibles waived for Diagnostic & Preven (D & P) and Orthodontics?	Yes				
Maximums	\$1,750 per person each calendar year				
D & P counts toward maximum?	Yes				
Waiting Period(s)	Basic Services	Major Services	Prosthodontics	Orthodontics	
	None	None	None	None	

Benefits and Covered Services*	Delta Dental PPO dentists**	Non-Delta Dental PPO dentists**	
Diagnostic & Preventive Services (D & P) Exams, cleanings, x-rays and sealants	100%	100%	
Basic Services Fillings and posterior composites	80%	80%	
Endodontics(root canals) Covered Under Basic Services	80%	80%	
Periodontics(gum treatment) Covered Under Major Services	50%	50%	
Oral Surgery Covered Under Basic Services	80%	80%	
Major Services Crowns, onlays and cast restorations	50%	50%	
Prosthodontics Bridges. dentures and implants	50%	50%	
Orthodontic Benefits Dependent children	50%	50%	
Orthodontic Maximums	\$1,500 Lifetime	\$1,500 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 Premier contracted fees for non-Delta Dental dentists.

Delta Dental of Pennsylvania	Customer Service	Claims Address
One Delta Drive	800-932-0783	P.O. Box 2105
Mechanicsburg, PA 17055		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.