

# Dental Benefits

## DENTAL PLAN OPTIONS

Swarthmore College offers employees two Dental Plans through Delta Dental: a Basic plan and a Buy-Up plan. The Basic Plan provides coverage for preventive care, as well as basic services and endodontics, but does not provide any coverage for major services or orthodontia expenses. The Buy-Up plan provides coverage for preventive care, basic care, major restorative care, as well as orthodontia.

Both PPO plans grant you the freedom to obtain services from an in-network, participating Delta Dental provider or an out-of-network provider. The level of benefits is the same for in- and out-of-network services; however, utilizing a participating (in-network) dentist may result in savings for you because participating dentists have agreed to accept the insurance carrier's fees as full payment for covered services. There is no balance billing for covered services when they are provided by a participating dentist, so you will usually pay the least when you visit an in-network PPO dentist.

The **Diagnostic & Preventive (D&P) Maximum Waiver** benefit applies to both plans, meaning most diagnostic and preventive services will not affect your annual plan maximum. Claims paid for services such as routine exams, cleanings and x-rays won't accumulate towards your yearly benefit limit, allowing you to get the most from your dental plan.

### Looking for a Dentist?

Visit: [www.deltadentalins.com](http://www.deltadentalins.com). On the homepage, complete the information under "**Find a Dentist.**" Select either the Delta Dental PPO or Delta Dental Premier Network. Delta Dental PPO dentists provide you with the greatest discounts.

BENEFIT	BASIC DENTAL		BUY-UP DENTAL	
	IN-NETWORK	OUT-OF-NETWORK*	IN-NETWORK	OUT-OF-NETWORK*
Calendar Year Maximum	\$1,000 per person per year		\$1,500 per person per year	
Diagnostic & Preventive: Exams, cleaning, x-rays, sealants	100% Most Diagnostic & Preventive services do not count towards the Calendar Year Maximum		100% Most Diagnostic & Preventive services do not count towards the Calendar Year Maximum	
Basic Services: Fillings, denture repair, stainless steel crowns, posterior composites	100%		100%	
Endodontics: Root canals	100%	100%	100%	100%
Periodontics: Gum treatments	Not covered	Not covered	50%	50%
Oral Surgery	Not covered	Not covered	100%	100%
Major Services: Crowns, inlays, onlays, cast restoration	Not covered	Not covered	50%	50%
Prosthodontics: Bridges and dentures, implants	Not covered	Not covered	50%	50%
Orthodontics Benefits: Adults and dependent children	Not covered	Not covered	50%	50%
Orthodontia Maximum	Not covered	Not covered	\$1,500 Lifetime	

\*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.

Note: This chart is a summary of benefit options offered under the plan. For more information, please refer to the plan documents. In the event of a discrepancy between this summary and the plan documents, the plan documents will govern.