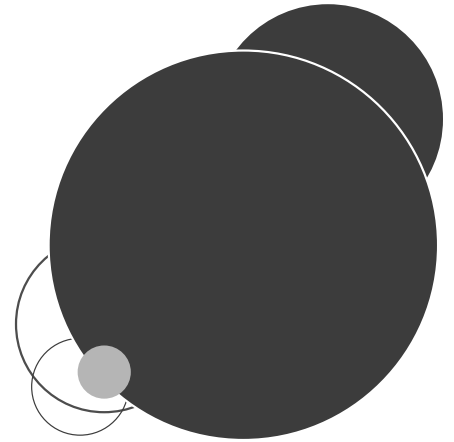


Keep smiling

Delta Dental PPO™



Save with PPO

Visit a dentist in the PPO ¹ network to maximize your savings. ² These dentists effective date of coverage.

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

Get LASIK and hearing aid discounts. With access to QualSight and Amplifon Hearing Health Care ⁵, you can receive significant savings on LASIK procedures and hearing aids. To take advantage of these discounts, call QualSight at 855-248-2020 and Amplifon at 888-79-1429.

Save with a PPO dentist



PPO



Benefit Highlights: Delta Dental PPO™

Plan Benefit Highlights for: Bryn Mawr College

Group No: 02291

Eligibility No: 7QP <</MCID 784 >>				
	\$50 per person / \$150 per family each calendar year			
Deductibles waived for Diagnostic & Preventive (D & P) and Orthodontics?	Yes			
Maximums	\$1,750 per person each calendar year			
D & P counts toward maximum?	Yes			
Waiting Period(s)	Basic Services None	Major Services None	Prosthodontics None	Orthodontics 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%
Crowns, onlays and cast restorations	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 One Delta Drive Mechanicsburg, PA 17055	800-932-0783	P.O. Box 2105 Mechanicsburg, PA 17055-6999
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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.