



**Delta Dental PPO™ (Point-of-Service)  
Summary of Dental Plan Benefits  
For Group# 2491-0001, 0002, 0003, 0004, 0005, 0006, 0007, 0008  
Kenyon College**

This Summary of Dental Plan Benefits should be read along with your Certificate. Your Certificate provides additional information about your Delta Dental plan, including information about plan exclusions and limitations. If a statement in this Summary conflicts with a statement in the Certificate, the statement in this Summary applies to you and you should ignore the conflicting statement in the Certificate. The percentages below are applied to Delta Dental's allowance for each service and it may vary due to the Dentist's network participation.\*

**Control Plan** - Delta Dental of Ohio

**Benefit Year** - July 1 through June 30

**Covered Services** -

	Delta Dental PPO™ Dentist Plan Pays	Delta Dental Premier® Dentist Plan Pays	Nonparticipating Dentist Plan Pays*
<b>Diagnostic &amp; Preventive</b>			
<b>Diagnostic and Preventive Services</b> - exams, cleanings, fluoride, and space maintainers	100%	100%	100%
<b>Palliative Treatment</b> - to temporarily relieve pain	100%	100%	100%
<b>Sealants</b> - to prevent decay of permanent teeth	100%	100%	100%
<b>Brush Biopsy</b> - to detect oral cancer	100%	100%	100%
<b>Radiographs</b> - X-rays	100%	100%	100%
<b>Periodontal Maintenance</b> - cleanings following periodontal therapy	100%	100%	100%
<b>Basic Services</b>			
<b>Minor Restorative Services</b> - fillings and crown repair	90%	90%	90%
<b>Endodontic Services</b> - root canals	90%	90%	90%
<b>Periodontic Services</b> - to treat gum disease	90%	90%	90%
<b>Oral Surgery Services</b> - extractions and dental surgery	90%	90%	90%
<b>Other Basic Services</b> - misc. services	90%	90%	90%
<b>Relines and Repairs</b> - to dentures	90%	90%	90%
<b>Major Services</b>			
<b>Major Restorative Services</b> - crowns	60%	60%	60%
<b>Fixed Prosthodontic Repair</b> - to bridges and implants	60%	60%	60%
<b>Prosthodontic Services</b> - bridges, implants, dentures, and crowns over implants	60%	60%	60%
<b>Orthodontic Services</b>			
<b>Orthodontic Services</b> - braces	50%	50%	50%
<b>Orthodontic Age Limit</b> -	through age 18 and under	through age 18 and under	through age 18 and under

\* When you receive services from a Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's Nonparticipating Dentist Fee that will be paid for those services. This amount may be less than what the Dentist charges and you are responsible for that difference.

- Oral exams are payable twice per benefit year. Additional oral exams by a specialist are also payable twice per benefit year. Screening and assessment of a patient are Covered Services.
- Prophylaxes (cleanings) are payable twice per benefit year.
- People with specific at-risk health conditions may be eligible for additional prophylaxes (cleanings) or fluoride treatment. The patient should talk with his or her Dentist about treatment.
- Topical application of fluoride varnish is payable twice per benefit year for people age 13 and under. Topical application of fluoride is payable twice per benefit year for people age 17 and under.
- Space maintainers are payable once per area per lifetime for people age 15 and under.
- Bitewing X-rays are payable twice per benefit year and full mouth X-rays (which include bitewing X-rays) or a panorex are payable once in any three-year period.

- Sialography and 3D dental surface scans are Covered Services. 2D oral/facial photographic images are limited to orthodontics.
- Accession of tissue and of exfoliative cytologic smears, laboratory accession of transepithelial cytologic sample, other oral pathology procedures (by report), and diagnostic casts are Covered Services.
- Sealants are payable once per tooth per three-year period for first and second permanent molars for people age 15 and under. The surface must be free from decay and restorations. Interim caries arresting medication application is a Covered Service.
- Veneers are payable on incisors, cuspids, and bicuspid once per tooth per five-year period for people ages 12 and over. Provisional crown, coping, and resin infiltration of incipient smooth surface lesions are payable.
- Composite resin (white) restorations are payable on posterior teeth.
- Inlays (any material) are Covered Services.
- Gold foils are Covered Services.
- Porcelain and resin facings on crowns are payable on posterior teeth.
- Pulp caps, treatment of root canal obstruction, pulpal regeneration, surgical procedure for isolation of tooth with rubber dam, and canal preparation and fitting of preformed dowel or post are Covered Services.
- Gingivectomy or gingivoplasty to allow access for restorative procedures, anatomical crown exposure, localized delivery of antimicrobial agents via a controlled release, and unscheduled dressing changes are Covered Services.
- Oroantral fistula closure, primary closure of a sinus perforation, corticotomy, excision of soft tissue lesions, intra-osseous lesions, and bone tissue, incision and drainage of abscess, removal of foreign body, removal of reaction producing foreign bodies, partial ostectomy/sequestrectomy for removal of non-vital bone, maxillary sinusotomy for removal of tooth fragment or foreign body, complicated suturing, skin graft, collection and application of autologous blood concentrate product, osteoplasty, osteotomy, LeFort I, II, and III, osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla, sinus augmentation, bone replacement graft for ridge preservation, repair of maxillofacial soft and/or hard tissue defect, frenulectomy, frenuloplasty, surgical reduction of fibrous tuberosity, surgical sialolithotomy, excision of salivary gland, sialodochoplasty, and closure of salivary fistula are Covered Services. Removal of completely bony impacted tooth are not Covered Services.
- Full and partial dentures are payable once in any five-year period. Reline of dentures is payable once in any 12-month period. Rebase of dentures is payable once in any three-year period. Interim dentures are a Covered Service.
- Bridges are payable once in any five-year period. Stress breakers, provisional retainer crowns and pontics, and pediatric partial dentures are Covered Services.
- Porcelain and resin facings on bridges are payable on posterior teeth.
- Implants are payable once per tooth in any five-year period. Implant related services, bone graft for repair of peri-implant defect, bone graft at time of implant placement, and radiographic/surgical implant index (by report) are Covered Services.
- Crowns over implants are payable once per tooth in any five-year period. Semi-precision attachment abutment, implant or abutment supported connecting bar, replacement of semi-precision or precision attachment of implant/abutment supported prosthesis, and services related to crowns over implants are Covered Services.
- Occlusal guards are payable once in any five-year period. Evaluation for moderate sedation, deep sedation or general anesthesia; office visit for observation, therapeutic parenteral drug, application of desensitizing medicament, treatment of complications (post-surgical), cleaning and inspection of removable complete dentures, repair and/or reline of occlusal guard, and odontoplasty are Covered Services.
- Pre-orthodontic treatment examination to monitor growth and development, orthodontic retention and treatment, repair of orthodontic appliance, replacement of lost or broken retainer, recementation or rebond of fixed retainer, and removal of fixed orthodontic appliances for reasons other than completion of treatment are Covered Services.
- People with special health care needs may be eligible for additional services including exams, hygiene visits, dental case management, and sedation/anesthesia. Special health care needs include any physical, developmental, mental, sensory, behavioral, cognitive, or emotional impairment or limiting condition that requires medical management, healthcare intervention, and/or use of specialized services or programs. The condition may be congenital, developmental, or acquired through disease, trauma, or environmental cause and may impose limitations in performing daily self-maintenance activities or substantial limitations in a major life activity.

Having Delta Dental coverage makes it easy for you to get dental care almost everywhere in the world! You can now receive expert dental care when you are outside of the United States through our Passport Dental program. This program gives you access to a worldwide network of Dentists and dental clinics. English-speaking operators are available around the clock to answer questions and help you schedule care. For more information, check our website or contact your benefits representative to get a copy of our Passport Dental information sheet.

**Maximum Payment** – \$1,500 per Member total per Benefit Year on all services except orthodontic services. \$1,000 per Member total per lifetime on orthodontic services.

**Payment for Orthodontic Service** – When orthodontic treatment begins, your Dentist will submit a payment plan to Delta Dental based upon your projected course of treatment. In accordance with the agreed upon payment plan, Delta Dental will make an initial payment to you or your Participating Dentist equal to Delta Dental's stated Copayment on 30% of the Maximum Payment for Orthodontic Services as set forth in this Summary of Dental Plan Benefits. Delta Dental will make additional payments as follows: Delta Dental will pay 50% of the per month fee charged by your Dentist based upon the agreed upon payment plan provided by Delta Dental to your Dentist.

**Deductible** - \$50 Deductible per Member total per Benefit Year limited to a maximum Deductible of \$150 per family per Benefit Year. The Deductible does not apply to diagnostic and preventive services, emergency palliative treatment, X-rays, sealants, brush biopsy, periodontal maintenance, certain oral surgery procedures, orthodontics, certain adjunctive services and certain professional consults.

**Waiting Period** - Enrollees who are eligible for Benefits are covered on the date of hire.

**Eligible People** - An eligible employee is a person who is classed by the employer, on both payroll and personnel records as an employee who regularly works full-time or part time 1,000 or more hours per 12 month period: Kenyon College (0001), Kenyon Review (0003), Ohio Five (0004), KC-Custodial Union (0005), Trades Union (0006), KC-Retired Under 65 (0007); or for employees of the Kenyon Inn (0002), an eligible employee must regularly work full-time 2,080 or more hours per 12 month period. COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985) enrollees (0009).

Also eligible are your Spouse and your Children to the end of the month in which they turn 26, including your Children who are married, who no longer live with you, who are not your dependents for Federal income tax purposes, and/or who are not permanently disabled. Also eligible is your domestic partner, as defined by the Contractor. Domestic partners will be treated as Spouses under This Plan.

Enrollees and dependents choosing this plan are required to remain enrolled for a minimum of 12 months. Should an Enrollee or Dependent choose to drop coverage after that time, he or she may not re-enroll prior to the date on which 12 months have elapsed. Dependents may only enroll if the Enrollee is enrolled (except under COBRA) and must be enrolled in the same plan as the Enrollee. An election may be revoked or changed at any time if the change is the result of a qualifying event as defined under Internal Revenue Code Section 125.

**Coordination of Benefits** - If you and your Spouse are both eligible to enroll in This Plan as Enrollees, you may be enrolled together on one application or separately on individual applications, but not both. Your Dependent Children may only be enrolled on one application. Delta Dental will not coordinate Benefits between your coverage and your Spouse's coverage if you and your Spouse are both covered as Enrollees under This Plan.

Benefits will cease on the last day of the month in which your employment is terminated.