



**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*
Diagnostic & Preventive			
Diagnostic and Preventive Services - exams, cleanings, fluoride, and space maintainers	100%	100%	100%
Emergency Palliative Treatment - to temporarily relieve pain	100%	100%	100%
Sealants - to prevent decay of permanent teeth	100%	100%	100%
Brush Biopsy - to detect oral cancer	100%	100%	100%
Radiographs - X-rays	100%	100%	100%
Periodontal Maintenance - cleanings following periodontal therapy	100%	100%	100%
Basic Services			
Minor Restorative Services - fillings and crown repair	90%	90%	90%
Endodontic Services - root canals	90%	90%	90%
Periodontic Services - to treat gum disease	90%	90%	90%
Oral Surgery Services - extractions and dental surgery	90%	90%	90%
Other Basic Services - misc. services	90%	90%	90%
Relines and Repairs - to dentures	90%	90%	90%
Major Services			
Major Restorative Services - crowns	60%	60%	60%
Fixed Prosthodontic Repair - to bridges and implants	60%	60%	60%
Prosthodontic Services - bridges, implants, and dentures	60%	60%	60%
Orthodontic Services			
Orthodontic Services - braces	50%	50%	50%
Orthodontic Age Limit -	up to age 19	up to age 19	up to age 19

* 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 or Delta Dental approves 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 up to age 14. Topical application of fluoride is payable twice per benefit year for people up to age 18.
- Space maintainers are payable once per area per lifetime for people up to age 16.
- Bitewing X-rays are payable twice per benefit year and full mouth X-rays (which include bitewing X-rays) are payable once in any three-year period.

- Sialography and 3D photographic images 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 up to age 16. 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 Covered Services.
- Composite resin (white) restorations are Covered Services on posterior teeth.
- Inlays (any material) are Covered Services.
- Gold foils are Covered Services.
- Porcelain and resin facings on crowns are Covered Services 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, 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 Covered Services.
- 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 Covered Services 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.

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 Web site or contact your benefits representative to get a copy of our Passport Dental information sheet.

Maximum Payment – \$1,500 per person total per Benefit Year on all services except orthodontic services. \$1,000 per person 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 monthly fee charged by your Dentist based upon the agreed upon payment plan provided by your Dentist to Delta Dental.

Deductible – \$50 Deductible per person 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 legal 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 and your domestic partner as defined by the contractor.

You and your eligible dependents must enroll for a minimum of 12 months. If coverage is terminated after 12 months, you may not re-enroll prior to the open enrollment that occurs at least 12 months from the date of termination. Your dependents may only enroll if you are enrolled (except under COBRA) and must be enrolled in the same plan as you. Plan changes are only allowed during open enrollment periods, except that 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 Subscribers under This Plan.

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

This plan complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. This plan does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

This plan provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats)

This plan provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, call 1-800-524-0149 (TTY users call 711).

If you believe that this plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with the civil rights coordinator at PO Box 9089, Farmington Hills, MI 48333-9089; by phone at 1-800-524-0149 (TTY users call 711) or fax to 517-706-3513. You can file a grievance by mail, fax or phone. If you need help filing a grievance, the civil rights coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201; 1-800-368-1019, 1-800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-800-524-0149 (TTY: 711).

انتباه: إذا كنت تتحدث اللغة العربية، فتتوفر خدمات المساعدة اللغوية مجاناً بالنسبة لك. اتصل على الهاتف رقم 1-800-524-0149 (رقم الطابعة الهاتفية: 711).

মনোযোগ দিন: আপনি যদি বাংলা ভাষায় কথা বলেন, তাহলে ভাষাগত সহায়তা পরিষেবাগুলি, আপনার জন্য বিনামূল্যে পাওয়া যাবে। ফোন করুন 1-800-524-0149 (TTY: 711)।

သတိပြုရန်- သင် မြန်မာဘာသာစကား ပြောဆိုပါကဘာသာစကားအကူအညီဝန်ဆောင်မှုများကိုအခမဲ့ရရှိနိုင်ပါသည်။ခေါ်ဆိုရန် 1-800-524-0149 (TTY- 711)။

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-524-0149 (TTY : 711)。

XIYYEEFFANNA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-800-524-0149 (TTY: 711).

AANDACHT: Als u nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Bel 1-800-524-0149 (TTY: 711).

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-524-0149 (ATS: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-524-0149 (TTY: 711).

ध्यान दें: यदि आप हिन्दी बोलते हैं, तो भाषा सहायता सेवाएँ, आप के लिए निःशुल्क उपलब्ध हैं। कॉल करें 1-800-524-0149 (TTY: 711).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-524-0149 (TTY: 711).

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。
1-800-524-0149 (TTY: 711) まで、お電話にてご連絡ください。

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.
1-800-524-0149 (TTY: 711) 번으로 전화해 주십시오.

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਭਾਸ਼ਾ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾਈ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹਨ। ਇੱਥੇ ਕਾਲ ਕਰੋ 1-800-524-0149 (TTY: 711).

Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzsch, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-800-524-0149 (TTY: 711).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-524-0149 (TTY: 711).

ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-800-524-0149 (TTY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-524-0149 (телетайп: 711).

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-800-524-0149 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-524-0149 (TTY: 711).

يرجى الانتباه: إذا كنت تتحدث اللغة العربية السورية، تتوفر لك خدمات المساعدة اللغوية المجانية. يرجى الاتصال بالرقم: 1-800-524-0149 (الهاتف النصي: 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-524-0149 (TTY: 711).

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-800-524-0149 (телетайп: 711).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-524-0149 (TTY: 711).