Clinical Dental Plan 2024

The College has offered a unique Dental program for a number of years as a component of the employee benefits package and understands the value that many employees find in the program and its ease of use.

The Dental Plan is intended to offer a range of dental services to employees designed to promote and support good dental health amongst the Haverford community. As the services provided are not comprehensive, please know that they do not cover the full range of dental procedures an employee, partner, or dependent may need. The list of covered dental services is available on the following pages and on the Human Resources website.

In 2017, the College initiated a small cost share component for employees (and their partners and dependents) who elect to participate in its dental plan. **This cost share component will be modestly increasing in 2024 as a way to provide some support financially in the continuation of the dental program.** The College retains the discretion and right to change, alter, or conclude the dental program or its benefits, if desired, in the future.

Full-time and part-time benefit eligible employees (working 1000 hours per year) may participate in the Dental Plan upon date of hire or during the annual Open Enrollment period. Eligible employees, their spouses or domestic partners, and dependents including children up to age 26, are eligible for coverage under this plan.

The doctor-patient relationship between the panel dentist and the employee remains primary and the College does not play a role in this relationship. As such, the College has not undertaken a clinical, or other-type of, review of the dentists/dental practices. Each participating employee should continue to conduct his/her own review and diligence. **The dental program is entirely voluntary.**

To enroll, employees must elect the Dental Plan as a new hire, or during the annual Open Enrollment period. Monthly cost share amounts are shown below and will be deducted as an after-tax payroll deduction. The premium cost share is a fixed monthly amount for the calendar year and is not related to the number of dental visits or covered services provided. Note, your premium is not refundable even if you do not use the dental panel during the year.

*ID cards are not issued* – the Dental Panel receives an updated list of eligible employees and dependents on a regular schedule from the Office of Human Resources.
## Dental Panel Rates for Calendar Year 2024
(Monthly Cost Share / Premium)

<table>
<thead>
<tr>
<th>Salary Tier</th>
<th>Employee Only</th>
<th>Employee + 1 Dependent</th>
<th>Employee + 2 or More Dependents</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 (Below $51,000)</td>
<td>$4.12</td>
<td>$7.47</td>
<td>$8.76</td>
</tr>
<tr>
<td>2 ($51,000 - $102,000)</td>
<td>$9.54</td>
<td>$13.92</td>
<td>$15.21</td>
</tr>
<tr>
<td>3 (Above $102,000)</td>
<td>$17.01</td>
<td>$21.39</td>
<td>$22.68</td>
</tr>
</tbody>
</table>

## Dental Panel Participating Offices:

<table>
<thead>
<tr>
<th>Office</th>
<th>Address</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bryn Mawr Dental Associates</td>
<td>934 Haverford Road, 2nd Fl. Bryn Mawr, PA 19010</td>
<td>610-527-2469</td>
</tr>
<tr>
<td>Bryn Mawr Dental Health Group</td>
<td>19 Morris Avenue Bryn Mawr, PA 19010</td>
<td>610-525-4910</td>
</tr>
<tr>
<td>Main Line Family Dentistry</td>
<td>931 Haverford Road Bryn Mawr, PA 19010</td>
<td>610-525-2311</td>
</tr>
<tr>
<td>Dr. Geoff Donoho</td>
<td>54 Rittenhouse Place Ardmore, PA 19003</td>
<td>610-649-7670</td>
</tr>
<tr>
<td>Pediatric Specialist</td>
<td>780 Lancaster Avenue Suite 1000 Bryn Mawr, PA 19010</td>
<td>610-527-2434</td>
</tr>
</tbody>
</table>

## Dental Services Provided

The Dental Plan includes two cleanings per year and x-rays once a year. *A detailed list of the covered services is included below and also found on the Human Resources website.*

*Referrals to specialists are/can be made by the participating primary dental practices. Payment for “covered services” from those specialists are typically arranged by the referring primary dental panel provider and billed to the College.

Services that are *not covered* under the College’s plan are the responsibility of the employee (member). Panel Dentists will provide you with information and costs for such non-covered services.
DENTAL SERVICES PROVIDED:
The services listed below are covered under the College’s plan and the costs are covered per the cost-share listed above. Services that are not listed here aren’t covered under the College’s plan and employees are responsible for the full cost of those services.

Diagnostic
Periodic Exam
Limited oral evaluation
Comp Oral Exam-new patient
Comp Oral Exam-pedo
Limited re-evaluation est patient
Full mouth x-rays
Single x-ray
Additional x-ray
Occlusal x-ray
Extraoral-first film
Extraoral-each additional film
Bitewing-single film
Bitewing-two films
Bitewing-4 films
Vertical bitewings-7 to 8 films
Panographic x-ray
Cephalometric film
Cone Beam CT-Craniofacial Data*
Cone Beam CT-2D multi img reconstr
Pulp vitality test
Diagnostic casts
Diagnostic photographs

Endodontics
Direct pulp cap
Indirect pulp cap
Pulpotomy
Root canal-1 canal
Root canal- 2 canals
Root canal- 3 canals
Root canal- 4 canals
Pulpal therapy-anterior primary
Pulpal therapy-posterior primary
Root canal therapy-anterior
Root canal therapy-bicuspids
Root canal therapy-molar
Retreat, prev RCT - anterior
Retreat, prev RCT - bicuspids
Retreat, prev RCT - molar
Apexification/recalciﬁed, initial
Apexification/recalciﬁed, interim
Apexification/recalciﬁed, ﬁnal
Apicoectomy
Canal prep, ﬁt of dowel/post
Distal/proximal wedge procedure

Occlusion
Occlusal guard
NTI occlusional guard
Interra occl guard
Occlusal adjustment-limited
Occlusal adjustment-hyg

Periodontics
Scaling & Root planing—quadrant
Scaling & Root planing—1-3 teeth
Full mouth debridement
Chemotherapeutic agent—1 site
Chemotherapeutic agent—quadrant
ARESTIN Q-per quad 8-10 sites
Actisite
Arestin (1 mg) done/prevent further
Periodontal maintance

Prophylaxis
Prophy-adult
Prophy-child
Fluoride treatment (child)
Fluoride treatment (adult)
Topical application of fluoride
Oral hygiene instruction
Sealants, per tooth
Periodontal maintenance

Palliative and other
Emerg treatment, palliative
Palliative (Emer) Pain treatment
Consultation
Office visit after reg hours
Appl/desens per quad
Appl/desensitzing resin, per th desensitizing
**Restorative**
Amalgam-1 surface primary
Amalgam-2 surface primary
Amalgam-3 surface primary
Amalgam-4+ surface primary
Amalgam-1 surface
Amalgam-2 surfaces
Amalgam-3 surfaces
Amalgam-4 surfaces
Composite-1 surface, anterior
Composite-2 surfaces, anterior
Composite-3 surfaces, anterior
Comp 4+ w/ incis angle ant
Resin-1 surface, poster primary
Resin-2 surface, poster primary
Resin-3 surface, poster primary
Comp-1 surface, post-perm
Comp-2 surfaces, post-perm
Comp-3 surfaces, post-perm
Comp-4 surfaces, post-perm
Resin composite, 1 surf posterior
Resin composite, 2 surf posterior
Resin composite, 3 surf posterior
Resin composite, 4+ surf posterior
Re-cement inlay/onlay/partial
Ré-cement crown
Re-cement veneer
Pre-fab stain steel crn-primary
Pre-fab stain steel crn-perm
Sedative filling
Crown build-up, incl any pins
Pin retention
Cast post&core in add to crown
Prefab post&core in add to crn
Post removal (not with endo)
Re-cement bridge (fixed partial denture)

**Surgery**
Extraction
Extraction- crnl remnts-decid th
Additional extraction
Root removal
Extract, erupted th/exposed rt
Extraction-surgl/srupt tooth
Surgc removal resid tooth root
Biopsy

**Prosthetics**
Denture adjustment-maxil
Denture adjustment-mand
Partial adjustment-maxil
Partial adjustment-mand
Denture Repair-complete base
Replace teeth-comp dent
Repair resin denture base
Repair cast framework
Repair/replace broken clasps
Replace broken teeth-per tooth
Add tooth to exist part denture
Re cement fixed partial denture
Cast post/core, + brdg retainer
Cast post/part of brdg retainer
Prefab post/core + brdg retainer
Core buildup for retaih, inc pin