



### **Clinical Dental Plan 2023**

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 2023 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 after one year of employment with the College. 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 during the open enrollment period or at the completion of one year of employment (Workday will automatically notify you of your eligibility to enroll). 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 2023**

(Monthly Cost Share / Premium)

<b>Salary Tier</b>	<b>Employee Only</b>	<b>Employee + 1 Dependent</b>	<b>Employee + 2 or More Dependents</b>
<b>1 (\$48,999 &amp; Under)</b>	\$4.00	\$7.25	\$8.50
<b>2 (\$49,000 - \$98,000)</b>	\$9.25	\$13.50	\$14.75
<b>3 (\$98,001 &amp; Above)</b>	\$16.50	\$20.75	\$22.00

**Dental Panel Participating Offices:**

Bryn Mawr Dental Associates	934 Haverford Road, 2 <sup>nd</sup> Fl. Bryn Mawr, PA 19010	610-527-2469
Bryn Mawr Dental Health Group	19 Morris Avenue Bryn Mawr, PA 19010	610-525-4910
Main Line Family Dentistry	931 Haverford Road Bryn Mawr, PA 19010	610-525-2311
Dr. Geoff Donoho	54 Rittenhouse Place Ardmore, PA 19003	610-649-7670
Pediatric Specialist Robin D. Harshaw & Associates	780 Lancaster Avenue Suite 1000 Bryn Mawr, PA 19010	610-527-2434

**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 reconst  
 Pulp vitality test  
 Diagnostic casts  
 Diagnostic photographs

**Prophylaxis**

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

**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-bicuspid  
  
 Root canal therapy-molar  
 Retreat, prev RCT - anterior  
 Retreat, prev RCT - bicuspid  
  
 Retreat, prev RCT - molar  
 Apexification/recalcif, initial  
 Apexification/recalcif, interim  
 Apexification/recalcif, final  
 Apicoectomy  
 Canal prep.fit of dowel/post  
 Distal/proximal wedge procedure

**Palliative and other**

Emerg treatment, palliative  
 Palliative (Emer) Pain treatment  
 Consultation  
 Office visit after reg hours  
 Appl/desens per quad  
 Appl/desensitizing resin, per th  
 desensitizing

**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

### 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  
Re-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-surgial/erupt tooth  
Surgic removal resid tooth root  
Biopsy

### Prosthetics

Denture adjustment-maxil  
Denture adjustment-mand  
Partial adjustment-maxil  
Partial adjustment-mad  
Denture Repair-complete base  
Replace teeth-comp dent  
Repair resin denture base  
Repair cast framework  
Repair/replace broken clasp  
Replace broken teeth-per tooth  
Add tooth to exist part denture  
Recement fixed partial denture  
Cast post/core, + brdg retainer  
Cast post/part of brdg retainer  
Prefab post/core + bridg retainer  
Core buildup for retain, inc pin