

DENTAL INSURANCE

In 2005 the Bowdoin College Dental Plan will continue to be administered by Northeast Delta Dental. The plan includes diagnostic and preventive services, as well as basic and major restorative services subject to yearly deductible and co-insurance payments.

Delta has a network that includes over 85% of all dentists in the state of Maine. Dentists in the network prepare and submit claims for you eliminating the issue of paying for services upfront while waiting for a reimbursement check. Coverage is provided regardless of your choice of dentists, but if you visit a dentist who is not in the network, you may need to submit your own claim form and/or pay for services at the time they are provided. Delta promotes pre-treatment estimates for any dental work involving costly or expensive treatment to assist in estimating potential out-of-pocket expenses.

Each employee already has a Delta Dental insurance identification card issued in his/her name. Employees with dependent coverage will receive two cards that may be used by any family member covered under the plan. Additional cards are available upon request.

The Bowdoin College Dental Plan for 2005 includes the following coverage levels:

YOUR DELTA DENTAL PLAN INCLUDES ALL OF THE FOLLOWING SERVICES			
Type	Diagnostic & Preventive (Referred to as Coverage A)	Basic Restorative (Referred to as Coverage B)	Major Restorative (Referred to as Coverage C)
Covered Services	<p>DIAGNOSTIC: Evaluations once in a 6-month period</p> <p>X-rays (complete series or panoramic film) once in a 3-year period</p> <p>Bitewing x-rays once in a 12-month period</p> <p>X-rays of individual teeth as necessary</p> <p>PREVENTIVE: Cleanings once in a 6-month period</p> <p>Fluoride once in a 12-month period to age 19</p> <p>Space maintainers to age 16</p> <p>Sealant application to permanent molars, once in a lifetime per tooth, for children to age 15</p>	<p>RESTORATIVE: Amalgam fillings Composite (white) fillings (anterior teeth only)</p> <p>ORAL SURGERY: Surgical and routine extractions</p> <p>ENDODONTICS: Root canal therapy</p> <p>PERIODONTICS: Treatment of gum disease Periodontal cleaning (maintenance procedures)</p> <p>DENTURE REPAIR: Repair of removable denture to its original condition</p> <p>EMERGENCY PALLIATIVE TREATMENT</p> <p><i>Note: Only one cleaning is covered in a 6-month period. This can be routine (Coverage A) or periodontal (Coverage B), but not both.</i></p>	<p>PROSTHODONTICS: Removable and fixed partial dentures (bridges); complete dentures</p> <p>Rebase and reline (dentures)</p> <p>Crowns</p> <p>Onlays</p>
Deductible	No Deductible	Calendar Year Deductible (Jan. 1 through Dec. 31): \$50 Per Person, up to a Maximum of \$150 Per Family	
Coinsurance	Delta Dental Pays 100%	After Deductible, Delta Dental Pays 80%	After Deductible, Delta Dental Pays 50%
Maximum	Coverage A, B and C <u>Combined</u> Calendar Year Maximum (Jan. 1 through Dec. 31): \$1,000 Per Person		