

# Join Today.

## Who can enroll?

You and your dependents are eligible to join the program as a Brown University Student.

## When can I enroll?

You may enroll in the Brown University Student Dental Program during open enrollment.

## Signing up is easy!

To enroll, visit [deltadentalri.com/brown](https://deltadentalri.com/brown).

## Questions?

If you have any questions about this program, please contact customer service at 800-843-3582 or the Brown University Insurance Office at 401-863-1703 or [InsuranceOffice@brown.edu](mailto:InsuranceOffice@brown.edu).



#### NOTICE OF NONDISCRIMINATION AND ACCESSIBILITY POLICY

Delta Dental of Rhode Island does not discriminate on the basis of race, color, national origin, age, disability, or sex.

**Español (Spanish):** ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-843-3582.

**Português (Portuguese):** ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-843-3582.



## Brown University Student Dental Plan

# 2022–2023



# BROWN

# A Dental Program to Make You Smile

As a Brown University Student, you can now sign up for an affordable, easy-to-use dental plan from Delta Dental, the nation’s largest, most respected dental insurer.

## Rates

<b>Rates†:</b>	Individual	\$261.36 policy year payment
	Individual/One dependent	\$326.70 policy year payment
	Individual/Children	\$401.76 policy year payment
	Family	\$401.76 policy year payment
<b>Annual maximum:</b>	\$1,750 per member, per policy year	
<b>Annual deductible:</b>	\$50 Individual/\$150 Family	
<b>Maximum lifetime cap:</b>	Unlimited	
<b>Policy Year:</b>	August 15, 2022 to August 14, 2023	

†Rates guaranteed through 08/14/2023

## Benefit Summary

Payment is based on the Delta Dental allowance for each procedure. To be covered, services must be dentally necessary and in accordance with Delta Dental’s treatment guidelines. All services must be performed in a dental office.

+ Pre-treatment estimate recommended.

\* Deductible applies

Preventive & Diagnostic	IN-NETWORK COVERAGE
Two oral exams per policy year	100%
Three cleanings per policy year	100%
Two fluoride treatments for children under 19 per policy year	100%
One set of bitewing X-rays per policy year	100%
One complete X-ray series or panoramic film every 60 months	100%
Single X-rays as required	100%
Space maintainers for lost (deciduous) baby teeth	100%
Sealants for children under age 16	100%
Periodontal maintenance following active therapy, two per year	100%

Restorative	
Amalgam (silver) fillings. Composite (white) fillings	80%*
Recementing crowns or bridges once every 60 months	80%*
Repairs to existing partial or complete dentures, once per calendar year	80%*
Rebasing or relining of partial or complete dentures once every 60 months	80%*
Crowns over natural teeth, build ups, posts and cores; replacement limited to once every 60 months+	50%*

Endodontics	
Root canal therapy	80%*

Periodontics	
Root planing and scaling, once per quadrant every 24 months +	50%*
Osseous (bone) surgery once per quadrant every 36 months +	50%*
Gingivectomies once per site every 36 months +	50%*
Soft tissue grafts once per site every 60 months +	50%*
Crown lengthening once per site every 60 months +	50%*
Guided tissue regeneration and bone replacement graft once per site every 24 months +	50%*

Prosthodontics	
Bridges; replacement limited to once every 60 months +	50%*
Partial and complete dentures; replacement limited to once every 60 months +	50%*
Surgical placement of endosteal implant and abutment once per tooth site per lifetime	50%*

Extractions & Oral Surgery	
Extractions and other routine oral surgery when not covered by a patient’s medical plan	80%*

Other Services	
Palliative treatment (minor procedures necessary to relieve acute pain) twice per calendar year	80%*
General anesthesia or intravenous (I.V.) sedation for certain complex surgical procedures	80%*
Occlusal guards once every 36 months	50%*