Healthy Smiles for Students

We make buying dental simple!
Ideal for students. Peace of mind for parents.

About “Our Student Dental Plan Options”

- Underwritten by Standard Life and Accident Insurance Company
- National network of dental providers
- Three dental plans to choose from
- In & Out of network benefits
- LOW co-payments
- DPO/DPO

No Paperwork!

Online Enrollment
Online Payment
Online Fulfillment

To search for a provider go to: www.mwg prenatal.com

To purchase the Dental Plan go to http://Wesleyan.Dental-Enroll.com

Dental insurance policy underwritten by:

For Information about Benefits and Dependent Coverage please contact:

Bailey Agencies, Inc.
15 Thames Street, Groton CT 06340
Katie Kruszewski or John Scott IV
Phone: (800) 321-4449 or (860) 446-8255
Email: katie@baileyinbox.com or john@baileyinbox.com
www.baileyagencies.com/college.html

Higher Ed DENTAL
A DIVISION OF THE BAILEY AGENCIES
### High Option

<table>
<thead>
<tr>
<th>DPO/DPO Service Class</th>
<th>Waiting Period</th>
<th>Service Description</th>
<th>Year 1</th>
<th>Year 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnostic &amp; Preventive</td>
<td>No Wait</td>
<td>Diagnostic – Routine periodic examinations once in a 6 month period. Preventive – Dental prophylaxis (teeth cleaning) once in a 6 month period. Radiography – Bitewing and full mouth x-rays.</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Basic</td>
<td>6 Months</td>
<td>Restorative – Amalgam fillings. Other – Space maintainers, re-cementation of crowns.</td>
<td>80%</td>
<td>80%</td>
</tr>
</tbody>
</table>

### Rate Information:

- **Copay**: $25 Per Person Per Visit
- **Plan Max**: $3,000 Per Person Per Calendar Year
- **Annual Premium**: $596.16

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### Medium Option

<table>
<thead>
<tr>
<th>DPO/DPO Service Class</th>
<th>Waiting Period</th>
<th>Service Description</th>
<th>Year 1</th>
<th>Year 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnostic &amp; Preventive</td>
<td>No Wait</td>
<td>Diagnostic – Routine periodic examinations once in a 6 month period. Preventive – Dental prophylaxis (teeth cleaning) once in a 6 month period. Radiography – Bitewing and full mouth x-rays.</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Basic</td>
<td>6 Months</td>
<td>Restorative – Amalgam fillings. Other – Space maintainers, re-cementation of crowns.</td>
<td>80%</td>
<td>80%</td>
</tr>
</tbody>
</table>

### Rate Information:

- **Copay**: $25 Per Person Per Visit
- **Plan Max**: $1,500 Per Person Per Calendar Year
- **Annual Premium**: $496.80

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### Low Option

<table>
<thead>
<tr>
<th>DPO/DPO Service Class</th>
<th>Waiting Period</th>
<th>Service Description</th>
<th>Year 1</th>
<th>Year 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnostic &amp; Preventive</td>
<td>No Wait</td>
<td>Diagnostic – Routine periodic examinations once in a 6 month period. Preventive – Dental prophylaxis (teeth cleaning) once in a 6 month period. Radiography – Bitewing and full mouth x-rays.</td>
<td>90%</td>
<td>90%</td>
</tr>
<tr>
<td>Basic</td>
<td>6 Months</td>
<td>Restorative – Amalgam fillings. Other – Space maintainers, re-cementation of crowns.</td>
<td>80%</td>
<td>80%</td>
</tr>
</tbody>
</table>

### Rate Information:

- **Copay**: $25 Per Person Per Visit
- **Plan Max**: $1,000 Per Person Per Calendar Year
- **Annual Premium**: $306.00

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One time Non Refundable Processing fee at enrollment of $35.00