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

Healthy Smiles for Students

No Paperwork!

Online Enrollment
Online Payment
Online Fulfillment

To search for a provider go to:
www.mwgdental.com

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

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

For Information about Benefits and Dependent Coverage please contact:
Smith Brothers Insurance
377 Main Street, Suite 103
Niantic, CT 06357
Katie Kruszewski or John Scott IV
Phone: 800-426-6946 or 860-430-3338
Email: KKruszewski@SmithBrothersUSA.com or John Scott JScott@SmithBrothersUSA.com
<table>
<thead>
<tr>
<th>Service Class</th>
<th>Waiting Period</th>
<th>Service Description</th>
<th>Year 1</th>
<th>Year 2</th>
</tr>
</thead>
</table>
| Diagnostic & Preventive | No Wait | **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. | 100% | 100% |
| Basic | 6 Months | **Restorative** – Amalgam fillings.  
**Other** – Space maintainers, re-cementation of crowns. | 80% | 80% |
| Major | 12 Months | **Endodontics** – Pulpal therapy and root canals.  
**Periodontics** – Treatment of diseases of the gums.  
**Oral Surgery** – Extractions and other oral surgery, including pre and post-operative care.  
**Prosthetics** – Gold restorations, crowns, bridges, partials and complete dentures.  
**Other** – Pontics, repair of crowns and bridges, repair of full and partial dentures. | 0% | 50% |
| Copay | | $25 Per Person Per Visit | |
| Plan Max | | $3,000 Per Person Per Calendar Year | |
| Annual Premium | | $596.16 | |

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**Radiography** – Bitewing and full mouth x-rays. | 100% | 100% |
| Basic | 6 Months | **Restorative** – Amalgam fillings.  
**Other** – Space maintainers, re-cementation of crowns. | 80% | 80% |
| Major | 12 Months | **Endodontics** – Pulpal therapy and root canals.  
**Periodontics** – Treatment of diseases of the gums.  
**Oral Surgery** – Extractions and other oral surgery, including pre and post-operative care.  
**Prosthetics** – Gold restorations, crowns, bridges, partials and complete dentures.  
**Other** – Pontics, repair of crowns and bridges, repair of full and partial dentures. | 0% | 50% |
| Copay | | $25 Per Person Per Visit | |
| Plan Max | | $1,500 Per Person Per Calendar Year | |
| Annual Premium | | $496.80 | |

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| Diagnostic & Preventive | No Wait | **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. | 90% | 90% |
| Basic | 6 Months | **Restorative** – Amalgam fillings.  
**Other** – Space maintainers, re-cementation of crowns. | 80% | 80% |
| Copay | | $25 Per Person Per Visit | |
| Plan Max | | $1,000 Per Person Per Calendar Year | |
| Annual Premium | | $306.00 | |

RATE INFORMATION:

One time Non Refundable Processing fee at enrollment of $35.00