CSD Insurance Trust
Serving MO Public Education Employee Benefits Since 1991

DELTA DENTAL

Webster Groves PPO Dental Plan

The Protection of Two Networks

Delta Dental has a unique two-tiered system of participating providers: **Delta Dental PPO℠ Network** and the **Delta Dental Premier® Network**. Our networks are critical in our ability to deliver quality care while maximizing cost savings for our clients and their employees.

- **Delta Dental PPO℠ Network** offers access to over 100,000 dentists in over 287,000 locations throughout the country.
- **Delta Dental Premier® Network** offers access to over 151,000 dentists in over 363,000 locations.

Both networks are offered side by side in a Delta Dental PPO℠ Program.

Delta Dental PPO℠ Program			
Coverage Type	**Delta Dental PPO℠ Network Providers**	**Delta Dental Premier® Network Providers**	**Out-of-Network Providers**
Type A - Preventive	**100%**	**100%**	**100%**
Type B – Basic Restorative	**90%**	**85%**	**85%**
Type C – Major Restorative	**60%**	**50%**	**50%**
Type D – Orthodontics	**50%**	**50%**	**50%**

While both **Delta Dental PPO℠ Network** and **Delta Dental Premier® Network** providers agree to Delta Dental policies and cost containment features, *discounts are "deeper" in the* **Delta Dental PPO℠ Network**. Therefore, out-of-pocket expenses will be lower by choosing a **Delta Dental PPO℠ Network** provider.

Delta Dental PPO℠ Network Providers	• Delta Dental Contracted Provider • Deepest Discounted Fees • No Balance Billing • No Claim Forms • Direct Dentist Reimbursement
Delta Dental Premier® Network Providers	• Delta Dental Contracted Provider • Discounted Fees • No Balance Billing • No Claim Forms • Direct Dentist Reimbursement
Out-of-Network Providers	• Not Under Contract With Delta Dental • No Discounted Fees • Balance Billing is Possible • Some Dentists May Not File Claims • Patient Reimburses Dentist

Visit our website at: www.deltadentalmo.com

CSD Insurance Trust
Serving MO Public Education Employee Benefits Since 1991

DELTA DENTAL

Webster Groves PPO Dental Plan

Delta Dental PPO℠ Program *DentaCare M*		Delta Dental PPO℠ Network Providers	Delta Dental Premier® Network Providers	Out-of-Network Providers
Deductible	• Waived for Preventive	**$50 Per Person $150 Maximum per Family**		
Annual Maximum	• Applied to Preventive, Basic and Major services	**$1,250**		
Preventive Services	• Oral examinations • Bitewing and periapical x-rays • Full mouth x-rays • Topical fluoride treatments • Space maintainers	**100%** **No Deductible**	**100%** **No Deductible**	**100%** **No Deductible**
Basic Services	• Fillings • Periodontics • Endodontics • Extractions • Sealants for dependent children	**90%**	**85%**	**85%**
Major Services	• Prosthodontics • Crowns • Inlays • Onlays • Oral surgery, except for extractions	**60%**	**50%**	**50%**
Orthodontia	• Covers all members • $1250 Lifetime Maximum	**50%**	**50%**	**50%**

Late Enrollment Clause: A participant that does not enroll when first eligible will only receive benefits for preventive services for the first 12 months of coverage. Effective 1/1/2013, dependents enrolled prior to their third birthday are not subject to the late entrant penalty.

Please refer to the summary plan descriptions for complete benefit details, exclusions, limitations and frequency limitations. The specific Plan Document supersedes this summary.

Locate a participating dentist

To determine if a dentist participates with Delta Dental or to select a participating dentist in your area:

- Search online at **www.deltadentalmo.com**.
- Call Delta Dental's Customer Service at **800-335-8266, or 314-656-3001.**
- **In order to receive the maximum benefit, ask your dentist if he or she *participates* in the Delta Dental PPO℠ Network.**
- *If your dentist does not participate in the* **Delta Dental PPO℠ Network**, *ask if he or she participates in the* ***Delta Dental Premier® Network***.

CSD Insurance Trust
Serving MO Public Education Employee Benefits Since 1991

DELTA DENTAL

Webster Groves PPO Plan Option

Benefit Outline

After you satisfy your dental deductible (if it applies), your dental benefits will pay a specific percentage of the cost of covered services, up to your benefit maximum each benefit period. You will be responsible for the remaining coinsurance amount.

For your benefit maximum(s) and your covered percentage(s), refer to your Schedule of Benefits. (If you have orthodontic benefits, you will have a separate lifetime maximum for these benefits.) Your dental benefits are provided according to a calendar year benefit period, a new benefit period begins each year on January 1.

Refer to your **Schedule of Benefits** to determine the extent of your coverage.

Levels of Coverage

A: Preventive Services

- Oral examinations (evaluations), twice in any benefit period
- Periapical x-rays as required
- Bitewing x-rays, two sets per benefit period
- Full-mouth x-rays, once in any 36 month period
- Dental prophylaxis (cleaning, scaling, and polishing including periodontal maintenance visits), twice in any benefit period
- Topical fluoride application for patients under age 19, once in any benefit period
- Emergency palliative treatment as needed (minor procedures to temporarily reduce or eliminate pain)
- Space maintainers that replace prematurely lost teeth of eligible dependent children under age 16, once in 5 years
- MAX*Advantage*SM Benefit Option is included in this program. Charges for exams, cleanings, x-rays, and fluoride treatments do not apply towards your annual maximum.

B: Basic Services

- Periodontics: treatment for diseases of the gums and bone supporting the teeth
- Endodontics: root canal filling and pulpal therapy (therapy for the soft tissue of a tooth)
- Simple and Surgical extractions
- Restorative services using amalgam, synthetic porcelain, and plastic filling material
- Sealants: for dependent children under age 19, limited to caries-free occlusal surfaces of the first and second permanent molars, once in 60 months
- General anesthesia in conjunction with covered surgical procedures

C: Major Services

- Prosthetics: bridges and dentures, once in 5 years
- Crowns, jackets, labial veneers, inlays, and onlays when required for restorative purposes, once in 5 years
- Other oral surgery

D: Orthodontic Services

- Orthodontic care: treatment for correction of malposed teeth to establish proper occlusion through movement of teeth or their maintenance in position. Applies to all members.

This document is a summary of benefits and not intended to replace the summary plan description available on your district's MyBenergy website.

CSD Insurance Trust
Serving MO Public Education Employee Benefits Since 1991

DELTA DENTAL

Coverage Limitations

Under Coverage B

- Sealants are limited to caries-free occlusal surfaces of the first and second permanent molars only once per 60 months.

Under Coverage C

- If an existing bridge or denture cannot be made satisfactory, a replacement will be covered only once in five years, but not during the first year of Coverage C benefits
- Dental benefits for an initial or replacement crown, jacket, labial veneer, inlay or onlay on or for a particular tooth will only be provided once in five years, unless the damage to that tooth was caused by accidental injury not related to the normal function of the tooth or teeth.

Under Coverage D

- If your membership is terminated before an orthodontic treatment plan is completed, coverage will be provided only to the end of the month of termination.
- Benefits will not be paid for repair or replacement of an orthodontic appliance.
- After completion of your orthodontic treatment plan or reaching your orthodontic lifetime maximum, no further orthodontic benefits will be provided.

If you receive care from more than one dentist or service provider for the same procedure, benefits will not exceed what would have been paid to one dentist for that procedure (including, but not limited to prosthetics, orthodontics, and root canal therapy). If alternative treatments are available, DDMO will be liable for the least costly professionally satisfactory treatment. This would include, but is not limited to, services such as composite resin fillings on molar teeth, in which case the benefits are based on the cost of an amalgam (silver) filling: or fixed bridges, in which case the benefits may be based on the allowed amount for a removable partial denture.

Dental Services Not Covered

- Services for which the participant would normally incur no charge, such as care rendered by a dentist to a member of his immediate family or the immediate family of his spouse.
- Services for which coverage is available under Workers' Compensation or Employers' Liability Laws.
- Services performed for cosmetic purposes or to correct congenital malformations.
- Charges for multiple visit services, which commenced prior to the membership effective date (including, but not limited to, prosthetics and orthodontic care).
- Services related to temporomandibular joint (TMJ) dysfunction including myofunctional therapy (this involves the jaw hinge joint connecting the upper and lower jaws), except as stated.
- Services not specifically stated as Covered Services (including home fluoride products, hospital or prescription drug charges.)
- Replacement of dentures and other dental appliances which are lost or stolen.
- Replacement or repair of orthodontic appliances.
- Services rendered by a dentist beyond the scope of his license.
- Hypnosis.
- Duplicate services provided by another group dental plan.
- Diseases contracted or injuries or conditions sustained as a result of any act of war.
- Denture adjustments for the first six months after the dentures are initially received.
- Charges for complete occlusal adjustments, crowns for occlusal correction, Nightguards, Bruxism Appliances, and Bite Therapy appliances.
- Tooth preparation, temporary crowns, bases, impressions, and anesthesia or other services which are part of the complete dental procedure, are considered components of, and included in the fee for the complete procedure. Separate fees may not be charged by participating dentists.
- Analgesia, including Nitrous Oxide.
- Charges covered under a terminal liability or similar provision of a program being replaced by this program.
- Services rendered by a dental or medical department maintained by or on behalf of an employer, a mutual benefit association, labor union, trustee or similar person or group.
- Services provided or paid for by any governmental agency or under any governmental program or law, except charges which the person is legally obligated to pay (this exclusion extends to any benefits provided under the U.S. Social Security Act and its Amendments).
- Charges for duplication of radiographs.
- Charges for temporary appliances.
- Implants.
- Charges for experimental services or supplies.
- A dentist need not provided dental services which for any reason, in his professional judgement, should not be provided. Charges for such services are not covered expenses
- Instructions for oral hygiene, plaque control, or dietary counseling
- Missed appointments or claim form completion
- Infection control, including sterilization of supplies and equipment