



*Summary Plan Description (SPD)*

*Delta Dental PPO*

*Saint Louis University*

*Group # 1989  
(Basic Plus Option)*

*(For Customer Service and Benefit Information)*

**(314) 656-3001**

**(800) 335-8266**

**[www.deltadentalmo.com](http://www.deltadentalmo.com)**

**Delta Dental of Missouri**

PO Box 8690, St. Louis, MO 63126-0690

## **About Your Coverage**

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### **About Delta Dental**

Your dental coverage is provided by Delta Dental of Missouri (DDMO), a not-for-profit corporation. DDMO is a member of a nationwide system of dental benefit providers, known as Delta Dental Plans Association (DDPA), the largest provider of dental benefits in America.

### **Your Membership Card**

Dentists do not typically require an ID card, and your dentist can always call DDMO to verify your coverage. If you, your group or dentist prefers that you have an ID card, DDMO will provide you one. ID cards are available through your group or DDMO, by mail or on our website.

### **Selecting Your Dentist**

You may visit the dentist of your choice and select any dentist on a treatment by treatment basis. It is important to remember your out-of-pocket costs may vary depending on your choice. You have three options. three

## Benefit Outline

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**Your Schedule of Benefits included in this SPD will show which of the levels of coverage listed below are included in your dental program. It will also show the amount of your deductible and which levels of coverage the deductible applies to.** After you satisfy your dental deductible (if it applies), your dental benefits will pay a specific percentage of the allowed amount of covered services, up to your benefit maximum each benefit period. You will be responsible for the remaining coinsurance amount.

## Services Not Covered

Charges for the following are not covered:

- x Services or supplies for which the enrollee, absent this coverage, 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.
- x Services or supplies for which coverage is available under workers' compensation or employers' liability laws.
- x Services or supplies performed for cosmetic purposes or to correct congenital malformations, except newborns with congenital dental defects.
- x Services that require multiple visits, which commenced prior to the membership effective date (including prosthetics and orthodontic care).
- x Services or supplies related to temporomandibular joint (TMJ) dysfunction (this involves the jaw hinge joint connecting the upper and lower jaws).
- x Services or supplies not specifically stated as covered dental services (including hospital or prescription drug charges).
- x Replacement of dentures and other dental appliances which are lost or stolen.
- x Diseases contracted or injuries or conditions sustained as a result of any act of war.
- x Denture adjustments for the first six months after the dentures are initially received. Separate fees may not be charged by participating dentists.
- x Complete occlusal adjustments, crowns for occlusal correction, athletic mouthguards, nightguards, bruxism appliances, and bite therapy appliances.
- x Tooth preparation, temporary crowns, bases, impressions, and anesthesia or other services which are part of the complete dental procedure. These services are considered components of, and included in the fee for the complete procedure. Separate fees may not be charged by participating dentists.
- x Analgesia, including Nitrous Oxide, duplication of radiographs, temporary appliances, or implants and related procedures.
- x Services or supplies covered under a terminal liability, extension of benefits, or similar provision, of a program being replaced by this program.
- x Services or supplies rendered by a dental or medical department maintained by or on behalf of a group, a mutual benefit association, union, trustee or similar person or group.
- x Services or supplies provided or paid for by or under any governmental agency or 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, as amended).
- x Services rendered beyond WKH VFRSH RI D GHQ SURYLGHU¶V OLFHQVH RU H[SHU services/supplies.
- x Services or supplies that a dentist determines for any reason, in his professional judgment, should not be provided.
- x Instructions in dental hygiene, dietary planning, or plaque control.
- x Missed appointments or claim form completion.
- x Infection control, including sterilization of supplies and equipment.

## How To File and Appeal A Claim

Your claims must be filed by the end of the calendar year following the year in which services were rendered. DDMO is not obligated to pay claims submitted after this period. If a claim is denied due to a PPO or Premier participating dentist's failure to make timely submission, you will not be liable to such dentist f

# *Delta Dental of Missouri - Schedule of Benefits*

## *PPO - DentaFlex*

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Refer to the section, Benefit Outline, in this Summary Plan Description (SPD) for a more detailed explanation of levels of coverage.

**For members of:**

Saint Louis University (Basic Plus Option)

**Group Number:**

1989-1000 & all sublocations

**Coverage Levels and Percentages:**

**PPO Dentist**

**Premier Dentist**

**Non-Participating Dentist**

Coverage A:

100%

50%

50%

Coverage B:

70%

35%

35%

Coverage C:

40%

20%

20%

Coverage D:

50%

25%

25%

**Deductible:**

\$25

\$25

\$25



## *ERISA Information (Continued)*

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If your Plan is subject to The Employee Retirement Income Security Act of 1974 (ERISA), the following applies. ERISA entitles you, as an enrollee in this program, to certain rights and protections. For more information, please contact your Plan Administrator.

ERISA provides that all Plan enrollees shall be entitled to:

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