DELTA DENTAL®

Summary Plan Description (SPD)

Delta Dental PPO

Saint Louis University

Group # 9142

(Flex Option)

(For Customer Service and Benefit Information)

(314) 656-3001

(800) 335

About Delta Dental

Your dental coverage is provided by Delta Dental of Missouri (DDMO), a not-

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.

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 benefit period as described in your Schedule of Benefits.**

A: Preventive Dental Services

Oral examinations (evaluations), twice in any benefit period (includes all types)
Periapical x-rays as required
Bitewing x-rays as required
Full-mouth x-rays once in any 60 month period
Dental prophylaxis (cleaning, scaling, and polishing including periodontal maintenance visits), twice in any benefit period
Topical fluoride application for dependent children under age 19, twice 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, except for accidental injuries
Sealants: for dependent children under age 16, limited to caries-free occlusal surfaces of the first and second permanent molars, once in 5 years

B: Basic Dental Services

Restorative services using amalgam, synthetic porcelain, and plastic filling material
Periodont24>BDC q315.29 405.07 274.97 201.7-5(r)-3(ce:9(

Delta Dental of Missouri - Schedule of Benefits

PPO - Dentacare M

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 (Flex Option)	
Group Number:	9142-1xxx & -2xxx	
Coverage Levels and Percentages:	**PPO Dentist**	**Premier & Non-Participating Dentist**
Coverage A:	100%	100%
Coverage B:	90%	70%
Coverage C:	60%	40%
Coverage D:	50%	40%
Deductible:	$50	$50
Applies to:	B & C Coverage	B & C Coverage
Family limit:	$150	$150

Amounts paid by Member towards the deductible apply to all deductible categories (PPO, Premier and Non-Participating Dentist).

Benefit Maximum:

Coverage A, B, and C (if applicable):	$1,500	$1,500

Amounts paid by Delta are applied to all benefit maximums (PPO, Premier and Non-Participating Dentist).

Orthodontic Lifetime Maximum:	$1,000	$1,000

Amounts paid by Delta are applied to all orthodontic benefit maximums (PPO, Premier and Non-Participating Dentist).

Dependent Age Limit: 26

Effective Date of Program: 1/1/2018

Renewal Date may sometimes be referred to as Anniversary Date.

Benefit Period: Dental benefits are provided according to a calendar year benefit period. The calendar year benefit period begins on the Effective Date and ends on December 31st of the year in which the Effective Date occurs. A new calendar year benefit period begins each year on January 1st.

Eligibility: To be eligible for this coverage, you must be an active full-time employee of the group or a designated affiliate. "Active" means an employee regularly working at least the number of hours in the normal work week set by your group (but not less than 20 hours). You must be actively at work, unless your group was enrolled in another DDMO program prior to changing to this program.

If coverage is dropped at any time, members or their dependents may not reenroll until the first open enrollment following one year.

New members and their dependents become eligible for this coverage on the date of employment. Coverage ends on thelast day of the month of employment.

ERISA Information

The following sections contain information to meet the requirements of the Employee Retirement Income Security Act (ERISA) of 1974, as amended. It does not constitute a part of the Plan, nor of any insurance policy issued in connection with it. All inquiries relating to the following material should be referred directly to your Plan Administrator.

Name of Plan: The

ERISA Information (Continued)

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's office.

ERISA provides that all Plan enrollees shall be entitled to:

Receive Information About Your Plan And Benefits
Examine without charge, at the Plan Administrator's office and at other specified locations, such as worksites and union halls, all documents governing the Plan, including insurance contracts, collective bargaining agreements, and a copy of the latest annual report (Form 5500 Series) filed by the Plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration.

Obtain, upon written request to the Plan Administrator, copies of documents governing the operation of the Plan, including insurance contracts, collective bargaining agreements, and copies of the latest annual report (Form 5500 Series) and an updated Summary Plan Description. The Plan Administrator may make a reasonable charge for the copies.

Receive a summary of the Plan's annual financial report. The Plan Administrator is required by law to furnish each enrollee with a copy of this summary annual report.

Continue Group Health Plan Coverage
Continue health care coverage for yourself, spouse or dependents if there is a loss of coverage under the Plan as a result of a qualifying event. You or your dependents may have to pay for such coverage. Review this Summary Plan Description and the documents governing the Plan on the rules governing your COBRA continuation coverage rights.

Reduction or elimination of exclusionary periods of coverage for pre-existing conditions under your group health plan, if you have creditable coverage from another plan**.** You should be provided with a certificate of creditable coverage, free of charge, from your group health plan or health insurance issuer when you lose coverage under the Plan, when you become entitled to elect COBRA continuation coverage, when your COBRA continuation coverage ceases, if you request it before losing coverage, or if you request it up to 24 months after losing coverage. Without evidence of creditable coverage, you may be subject to a pre-existing condition exclusion for 12 months (18 months for late enrollment enrollees) after your enrollment date in your coverage.

Prudent Actions by Plan Fiduciaries
In addition to creating rights for Plan enrollees, ERISA imposes duties upon the people who are responsible for operating the Plan. The people who operate the Plan, called "fiduciaries" of the Plan, have a duty to do so prudently and in the interest of you and other Plan enrollees and beneficiaries. No one, including your group, your union, or any other person, may fire you or otherwise discriminate against you in any way to prevent

DELTA DENTAL OF MISSOURI
COVERAGE OF IN PROGRESS ORTHODONTIC SERVICES
RIDER TO MEMBERSHIP CERTIFICATE

This Rider is issued by Delta Dental of