

Archdiocese of St. Louis



Delta Dental Plan Overview 2014

The Archdiocese of St. Louis offers a dental plan to its employees, which is administered by Delta Dental of Missouri. If you elect to enroll in one of the Archdiocese's health plans, you are automatically enrolled in our dental plan!

The Protection of Two Networks

Delta Dental offers a unique dental program with two networks of participating providers: **Delta Dental PPO** and **Delta Dental Premier**. These networks allow our employees to receive quality care while maximizing cost savings. The network is determined by the dentist you select. You do not enroll in either the PPO or Premier network.

The Archdiocese's employees and their families have access to both of Delta Dental's networks:

1. **Delta Dental's PPO Network** – Provides the deepest discounts for covered services, when care is delivered by a Delta Dental PPO provider.
2. **Delta Dental's Premier Network** – Offers broader access to providers, while still offering the advantages of a network. Its discounts are not as deep as the **Delta Dental PPO** network, but the **Delta Dental Premier** network still offers cost controls and claims filing by our providers.
3. **Non-Participating Providers** – Do not participate in either of Delta Dental's networks. Members are responsible for the difference between the provider's charge and Delta Dental's maximum plan allowance. Out of pocket expenses may be higher, when a non-participating provider is used.

Benefits of the Delta Dental Plans

- **Freedom to Choose Any Provider:** Members may seek dental services from any licensed provider. However, benefit dollars will stretch further if a Delta Dental provider is selected, because these providers offer discounted services.
- **Simple to Receive Benefits:** Providers in both of Delta Dental's networks agree to file claims for members. Members just need to show their ID card to their Delta Dental provider's office and the office will handle the rest – no paperwork for the member!
- **No Up-front Charges:** All Delta Dental network providers agree they will not charge members up-front for expenses that are covered under the Archdiocese's Dental Plan. Providers may only charge members for deductibles, co-insurance, and amounts over the benefit maximum, and/or for expenses not covered under the dental benefits plan.
- **Cost Saving Features:** Delta Dental network providers agree to accept a contracted reimbursement and not bill the patient for amounts over that fee.

Locating A Participating Provider

1. Call the Delta Dental Customer Service department at: 1-800-335-8266, press 2 & follow the prompts
2. Visit Delta Dental's website at www.deltadentalmo.com.
3. Ask your provider if they participate in the **Delta Dental PPO** or **Delta Dental Premier** network.



**Archdiocese of St. Louis Delta Dental Plan Overview
(Effective July 1, 2014)**

| DEDUCTIBLES: Do not apply to Preventive or Orthodontic benefits | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-----------------------------------------------------|
| Individual Annual Deductible* | | \$50 |
| Family Annual Deductible* | | \$100 |
| BENEFIT MAXIMUMS PER YEAR: Do not include Orthodontia | | |
| Maximum Benefit Per Covered Person | | \$1,500 |
| Maximum Benefit Per Family | | \$3,000 |
| Benefit Design | Delta Dental PPO Network | Delta Dental Premier Network and Non-Network |
| A Preventive Services (NO deductible) <ul style="list-style-type: none"> • Prophylaxis (cleaning) and oral examinations • Fluoride applications, limited to age 19 • X-rays | 100% | 100% |
| B Basic Routine and Restorative Services <ul style="list-style-type: none"> • Emergency examinations, including treatment for pain • Amalgam fillings • Composites on anterior (front) teeth • Simple extractions • Oral surgery - not covered under the patient's medical plan • Endodontics, including root canal therapy • Periodontics • Crowns • Space maintainers for children to age 16 | 90% | 80% |
| C Major Services <ul style="list-style-type: none"> • Partial or full removable dentures • Fixed or removable bridgework (including inlays and crowns as abutments) • Dentures | 60% | 50% |
| D Orthodontics for children to age 19 | 50% | 50% |
| BENEFIT MAXIMUM PER LIFETIME: Orthodontia | | |
| Orthodontia Maximum - per dependent child | | \$1,500 |
| Eligible dependents may include a spouse and children from birth to the date they attain age 26. | | |

* A new deductible and benefit maximum (not including ortho) begins on January 1st of each year.

Eligible dependents may include a spouse and children from birth to the date they attain age 26.

Please refer to the summary plan descriptions for benefit details, exclusions, limitations and frequency limitations.

Services Not Covered

- Services for which the participant, absent this coverage, would normally incur no charge.
- 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). This is referred to as "treatment in progress."
- Services related to temporomandibular joint (TMJ) dysfunction (this involves the jaw hinge joint connecting the upper and lower jaws), or services for Myofascial Pain Dysfunction (MPD).
- Any services not specifically stated as Covered Services (including hospital or prescription drug charges).
- Replacement of dentures and other dental appliances which are lost or stolen.
- 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. **Separate fees may not be charged by participating dentists.**
- 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.
- Charges for experimental or investigational services or supplies.
- Dental Implants and implant prosthetics and related procedures.
- Services rendered by a member of your immediate family or the immediate family of your spouse.

This document provides a summary of benefits, limitations and exclusions. Complete details are included in the Plan Document maintained by the Archdiocese of St. Louis. If this Benefit Summary conflicts in any way with the Plan Document, the Plan Document shall prevail. The Plan Document is available on the Archdiocese of St. Louis benefits website at www.archstl.org/hrbenefits.

Frequently Asked Questions

Q: Is the dental program changing on July 1, 2014?

A: There is no change to the Archdiocese dental plan this year. The dental program continues to have both Delta Dental networks available to you. If you choose to see a **Delta Dental PPO** or **Delta Dental Premier** dentist, you will save money and stretch your benefits

Keep in mind, the **Delta Dental PPO** network offers enhanced benefits with Basic and Major services covered at a level 10% higher than Delta Dental Premier or non-participating dentists. Also, **Delta Dental PPO** dentists provide greater discounts, saving you even more money. As always, you may continue to see a **Delta Dental Premier** or non-participating dentist.

Q: If my dentist is not a Delta Dental PPO dentist, can my dentist join the PPO network?

A: Your dentist can join the PPO network by emailing Delta Dental at service@ddpmo.org or by contacting Delta Dental's Professional Relations department at 1-800-392-1167.

Q: Will I receive an identification card (ID card)?

A: If you are a new participant to the dental program, you will receive a Delta Dental ID card at your home address. If you currently covered under the Archdiocese's dental plan, you will not receive a new Delta Dental ID card, your current ID cards are still valid. Simply present your card to your dentist and our Delta Dental network provider will file the claim for you. To order an extra ID cards, you can call the customer service department at 1-800-335-8266.

Q: How do I file the claim if I go to a dentist who is not in a Delta Dental network?

A: **If you receive services from a Delta Dental dentist**, he or she will file the claim for you. You simply present your Delta Dental identification card and the dentist's staff handles the rest.

If you use a dentist who does not participate in a Delta Dental network, you may complete the standard (universal) American Dental Association (ADA) claim form that the majority of dentists use for their billing. It is not necessary to use a special claim form. This form may be downloaded from Delta Dental's website at www.deltadentalmo.com.

The address for submitting claims is located on the back of your Delta Dental identification card. Claims should be sent to:

Delta Dental of Missouri
P.O. Box 8690
St. Louis, MO 63126

Q: Will Delta Dental provide a benefit "predetermination" before I receive extensive dental treatment?

A: "Predetermination" is the process of reviewing a dental treatment plan and identifying the eligible benefits prior to the services being rendered. Delta Dental recommends (it is not required) that you receive a predetermination of benefits for any proposed dental treatment in excess of \$200.

Delta Dental network dentists are very familiar with this process and will gladly submit the predetermination documents for you. If you use a non-participating dentist, simply ask the dentist to forward a copy of the treatment plan to Delta Dental. Delta Dental's customer service department is available to answer any questions about benefit predetermination. (1-800-335-8266)