Archdiocese of St. Louis
2018 Delta Dental Benefit Plan Overview

The Archdiocese of St. Louis offers a comprehensive dental benefit plan to help you and your family achieve and maintain good oral health. Our dental plan is administered by Delta Dental of Missouri. If you elect to enroll in one of the Archdiocese's health benefit plans, you are automatically enrolled in our dental plan!

Great Access to Dentists and Opportunity for Cost Savings

Under our dental plan, you have access to the largest network available – more than 95 percent of practicing dentists in Missouri participate with Delta Dental's networks. Please note that Delta Dental has two levels of networks, and each offers a distinct level of access and savings for you to consider: **Delta Dental PPO℠ Network** and **Delta Dental Premier® Network.**

These networks give you and your covered family members the most choice when choosing a dentist—along with convenient access to quality care—while maximizing your cost savings. Please note the differences:

- **Delta Dental PPO℠ Network** – **Provides the <u>most savings</u>** for covered services when care is delivered by a dentist who participates in this network.
- **Delta Dental Premier® Network** – Offers a larger network of providers. Your savings may be less than those in the **Delta Dental PPO℠ Network**, but the **Delta Dental Premier® Network** also offers cost controls and claims filing by its participating dentists.

The Benefits of Delta Dental Plan Coverage

- **Freedom of Choice** – You may receive services from any practicing dentist. However, your benefit dollars typically stretch farther if you choose a provider who participates in a Delta Dental network. Your out-of-pocket expenses may be higher if you choose to receive dental care from a provider who does not participate in a Delta Dental network.
- **Lower Out-of-Pocket Costs** – Dentists who participate in a Delta Dental network agree to Delta Dental's fee schedules, which helps to reduce costs for you and the plan.
- **Guaranteed No Balance Billing** – All participating dentists in Delta Dental's networks agree not to charge you for amounts over their contracted Delta Dental fees.
- **No Upfront Charges to Pay** – All providers who participate with Delta Dental agree they will not charge members upfront for expenses that are covered under the Archdiocese's dental plan. Providers may only charge members for deductibles, co-insurance and amounts over the plan's benefit maximum, and/or for expenses not covered under the dental benefits plan.
- **Easy Access to Benefits** – Simply show your Delta Dental identification card at any participating provider's office, and the office staff will file your claims for you.

Frequently Asked Questions

Q: Is the dental program changing on July 1, 2018?
A: There are no changes to the Archdiocese dental plan this year. Our dental program continues to have both Delta Dental networks available to you and has the same deductibles, benefit maximums and plan design.

- Keep in mind that when you receive services from a dentist in the **Delta Dental PPO^{SM} Network**, your Basic and Major services are covered at a higher level than when you see a dentist in the **Delta Dental Premier® Network**.
- You will receive greater savings when you visit a dentist in the **Delta Dental PPO^{SM} Network.**
- As always, you may see a dentist who participates with **Delta Dental** or a dentist who is out-of-network. When your covered services are performed by an out-of-network dentist, your out-of-pocket costs may be higher.

Q: How do I find a dentist who participates in a Delta Dental network?
A: It's easy to find a participating provider near you. Visit Delta Dental's website at www.DeltaDentalMO.com, and click on "Find a Dentist," or call Delta Dental's Customer Care team at 800-335-8266, and press 2, then follow the prompts. Please be sure to confirm that the dentist participates in the **Delta Dental PPO^{SM} Network** or **Delta Dental Premier® Network.** Delta Dental also has a mobile app that you can use to search for participating dentists and many other uses such as viewing your ID card and your claims history.

Q. If my dentist does not currently participate with Delta Dental, can he or she join one or both of the networks?
A: You can let your dentist know that he or she can ask about joining one or both of Delta Dental's networks by emailing Delta Dental at service@dentaldentalmo.com, or by contacting Delta Dental's Professional Relations team at 800-392-1167. If your dentist currently participates in the **Delta Dental Premier® Network** only, he or she can ask about joining the **Delta Dental PPO^{SM} Network**.

Q: Will I receive a Delta Dental identification card (ID card)?
A: If you are a new participant to our dental program, you will receive a Delta Dental ID card at your home address. If you are currently covered under the Archdiocese's dental plan, you will not receive a new Delta Dental ID card. Your current ID card is still valid. Simply show your card to a dentist who participates in one of the Delta Dental networks, and your dentist's staff will file the claim for you.

Q: How do I file a claim if I go to a dentist who is not in a Delta Dental network?
A: If you use a dentist who does not participate with Delta Dental, you may complete the standard American Dental Association (ADA) claim form that most dentists use for their billing. This form may be downloaded from Delta Dental's website at www.DeltaDentalMO.com.

Claims should be sent to the following address, which is also listed on the back of your Delta Dental ID card:

Delta Dental of Missouri
P.O. Box 8690
St. Louis, MO 63126-0690

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 given. Although it is not required, Delta Dental recommends that you receive a predetermination of benefits for any proposed dental treatment in excess of $200. Dentists who participate in the Delta Dental networks are very familiar with this process and will gladly submit the predetermination documents for you. If you use an out-of-network dentist, simply ask the dentist to forward a copy of the treatment plan to Delta Dental. If you have questions about benefit predetermination, please call Delta Dental's Customer Care team at 800-335-8266, and a representative will be happy to help you.

ARCHDIOCESE OF ST LOUIS
Group #: 1873
Effective Date: 7/1/2018

PPO Plus Premier Network Plan

The dentist you choose can affect your out-of-pocket costs. **To save the most money, visit a dentist in the Delta Dental PPO℠ Network.**

(The examples to the right illustrate your out-of-pocket costs and savings when receiving sample basic services, such as fillings and simple extractions, based on the corresponding fees and coverage.)

Delta Dental PPO℠ Network Dentist	
Billed Charge	$495
PPO Allowed Fee	$248
Plan Pays 90% of PPO Fee	-$223
You Pay	$25

Delta Dental Premier® Network Dentist	
Billed Charge	$495
Premier Allowed Fee	$435
Plan Pays 80% of Premier Fee	-$348
You Pay	$87

Out-of-Network Dentist	
Billed Charge	$495
Maximum Plan Allowed (MPA)	$474
Plan Pays 80% of MPA	-$379
You Pay	$116

Benefit Highlights	Delta Dental PPO℠ Network	Delta Dental Premier® Network	Out of Network
	Based on applicable PPO Maximum Allowable Charge. **Cannot bill more than allowed PPO fee.**	Based on applicable Premier Maximum Allowable Charge. **Cannot bill more than allowed Premier fee.**	Based on applicable Plan Maximum Allowable Charge. **Will bill difference between allowed MPA fee and billed charge.**
Diagnostic and Preventive Services (NO DEDUCTIBLE) • Prophylaxis (cleaning) and oral examinations • Fluoride applications, limited to age 19 • X-rays	**100%**	**100%**	**100%**
Basic Services • 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 23 • Sealants for dependent children under age 19	**90%**	**80%**	**80%**
Major Services • Partial or full removable dentures • Fixed or removable bridgework (including inlays and crowns as abutments) • Dentures	**60%**	**50%**	**50%**
Orthodontic Services • For dependent children to age 19 • Lifetime Maximum = $1,500	**50%**	**50%**	**50%**
Calendar Year Deductible (applies to Basic and Major Services only)	**$50 individual $100 family limit**		
Calendar Year Benefit Maximum	**$1,500 per person $3,000 per family**		
Dependent Age Limit: 26th birthday			

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

*A new deductible and benefit maximum (not including orthodontia) begins on January 1 of each year. Eligible dependents may include a spouse and children from birth to the date they reach age 26. Please refer to the summary plan descriptions for benefits details, exclusions, limitations and frequency limitations.

DELTA DENTAL

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, night guards, 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.