CSD Insurance Trust
A resource of EducationPlus™

DELTA DENTAL

Ritenour
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 89,000 dentists in over 207,000 locations throughout the country.
- **Delta Dental Premier® Network** offers access to over 145,000 dentists in over 292,000 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	**80%**	**80%**	**80%**
Type C – Major Restorative	**50%**	**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.

Provider	Features
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
A resource of EducationPlus™

Ritenour
PPO Dental Plan

Delta Dental PPO℠ Program *DentaCare E*		Delta Dental PPO℠ Network Providers	Delta Dental Premier® Network Providers	Out-of-Network Providers
Deductible	• Applied to all visits • Waived for Preventive & Orthodontia	**$25 Per Person $75 Maximum per Family**		
Annual Maximum	• Applied to Preventive, Basic and Major services	**$1,500**		
Preventive Services	• Oral examinations • Bitewing and periapical x-rays • Full mouth x-rays • Topical fluoride treatments • Space maintainers • Sealants for dependent children	**100% No Deductible**	**100% No Deductible**	**100% No Deductible**
Basic Services	• Fillings • Periodontics • Endodontics • Extractions	**80%**	**80%**	**80%**
Major Services	• Prosthodontics • Crowns • Inlays • Onlays • Oral surgery, except for extractions	**50%**	**50%**	**50%**
Orthodontia	• Covers child orthodontia • $1,000 Lifetime Maximum	**50% No Deductible**	**50% No Deductible**	**50% No Deductible**

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.

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
A resource of EducationPlus™ Trust

DELTA DENTAL

Ritenour
PPO Dental Plan

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 (includes all types)
- Bitewing x-rays, two sets per calendar year
- Periapical x-rays as required
- Full-mouth x-rays, once in any 36 consecutive months
- Dental prophylaxis (cleaning, scaling, and polishing), twice in any benefit period
- Topical fluoride application for patients under age 24, twice in any benefit period
- Space maintainers that replace prematurely lost teeth of eligible dependent children under age 24, once in 5 years.
- Sealants: for dependent children under age 24, limited to caries-free occlusal surfaces of the first and second permanent molars, once in 48 months
- Emergency palliative treatment as needed (minor procedures to temporarily reduce or eliminate pain)
- 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
- Periodontal maintenance is limited to 1 per 12 month period (not related to prophylaxis)
- 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
- Occusal guard for treatment of Bruxism. Once per five consecutive years.

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 dependent children under age 26.

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
A resource of EducationPlus™

DELTA DENTAL

Coverage Limitations

Under Coverage A

- A panoramic film with or without other films is considered equivalent to a full mouth series for coverage purposes. Coverage for multiple radiographs on the same date of service will not exceed the coverage level for complete mouth series.

Under Coverage B

- Sealants are limited to caries-free occlusal surfaces of the first and second permanent molars only once per 36 months.
- Charges for replacement of filling restorations are only covered once in a 24 month period, unless the damage to that tooth was caused by accidental injury not related to the normal function of the tooth or teeth.
- Endodontic (root canal treatment) on the same tooth is covered only once in a 2 year period. Re-treatment of the same tooth is allowed when performed by a different dental office.

Under Coverage C

- If an existing crown, jacket, labial veneer, inlay or onlay cannot be made satisfactory, a replacement will be covered only once in five years, except for accidental injuries.

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.

Late Entrant: If you are not enrolled in the CSD Delta Dental plan within 31 days from the time you or your dependents are eligible, and if the plan has orthodontic coverage, no orthodontic benefits will be paid for the first 12 months of coverage.

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 fixed bridges, in which case the benefits may be based on the allowed amount for a removable partial denture.

Dental Services Not Covered

Charges for the following are not covered:

- 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.
- Services or supplies for which coverage is available under workers' compensation or employers' liability laws.
- Services or supplies performed for cosmetic purposes or to correct congenital malformations, except newborns with congenital dental defects.
- Services that require multiple visits, which commenced prior to the membership effective date (including prosthetics and orthodontic care).
- Services or supplies related to temporomandibular joint (TMJ) dysfunction (this involves the jaw hinge joint connecting the upper and lower jaws).
- Services or supplies not specifically stated as covered dental services (including hospital or prescription drug charges).
- Replacement of dentures and other dental appliances which are lost or stolen.
- 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.
- Complete occlusal adjustments, crowns for occlusal correction, athletic mouthguards, and bite therapy appliances.
- 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.
- Analgesia, including Nitrous Oxide, duplication of radiographs, temporary appliances, or implants and related procedures.
- Services or supplies covered under a terminal liability, extension of benefits, or similar provision, of a program being replaced by this program.
- 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.
- 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).
- Services rendered beyond the scope of a dentist's or service provider's license, or experimental or investigational services/supplies.
- Services or supplies that a dentist determines for any reason, in his professional judgment, should not be provided.
- Instructions in dental hygiene, dietary planning, or plaque control.
- Missed appointments or claim form completion.
- Infection control, including sterilization of supplies and equipment.